



State of Rhode Island  
Department of State - Business Services Division

FEB 14 2024 TAMP

49200

Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000007654</b>		2. Exact name of the Corporation <b>Lindbrook Green Condominium Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Administer property in Hopkinton, RI known as Lindbrook Green Condos.</b>			
4. NAICS Code <b>813211</b>					
6. Principal Office Address <b>20 Pond View Drive</b>			City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robin Darcy</b>			Vice-President Name <b>Mark Beaudreau</b>		
Street Address <b>8 Pond View Drive</b>			Street Address <b>25 Woodlawn Circle</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
Secretary Name			Treasurer Name <b>David Doweiko</b>		
Street Address			Street Address <b>2 Heather Lane</b>		
City	State	Zip	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Katharyn Walker</b>			Director Name <b>Martin Grossmueller</b>		
Street Address <b>12 Heather Lane</b>			Street Address <b>8 Heather Lane</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
Director Name <b>Robin Darcy</b>			Director Name		
Street Address <b>8 Pond View Dr.</b>			Street Address		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>David Doweiko</b>				Date <b>2/12/24</b>	
Signature of Officer/Authorized Representative <i>David Doweiko</i>					

MAIL TO:  
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Website: www.sos.ri.gov