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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

PAGE 1 OF 2

- 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 486105		2. Exact name of the Corporation VILLAGE GREEN CONDOMINIUM ASSOC., INC.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island CONDO COMMUNITY WITH 85 UNITS FOR 55 AND OLDER FOLKS			
4. NAICS Code 624229					
6. Principal Office Address MAIL BOX 4002 VILLAGE GREEN CIR.			City COVENTRY	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LAWRENCE O'BRIEN		Vice-President Name JOSEPH JEMMA			
Street Address 1006 VILLAGE GREEN CIR		Street Address 808 VILLAGE GREEN CIR			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name CYNTHIA TIBERT		Treasurer Name REX STONE			
Street Address 3503 VILLAGE GREEN CIR.		Street Address 2301 VILLAGE GREEN CIR.			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name TIM BLANCHETTE		Director Name DON CHURCH			
Street Address 2002 VILLAGE GREEN CIR.		Street Address 1301 VILLAGE GREEN CIR.			
City COVENTRY	State R.I.	Zip 02816	City COVENTRY	State R.I.	Zip 02816
Director Name CAROL HERON		Director Name MARGUERITE O'BRIEN			
Street Address 1002 VILLAGE GREEN CIR.		Street Address 2806 VILLAGE GREEN CIR.			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<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 REX STONE					Date 2-20-24
Signature of Officer/Authorized Representative Rex D. Stone FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY ML 1082

REC'D RIDDS BSD
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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SHIRLEY SIMPANEN			Director Name		
Street Address 1106 VILLAGE GREEN CIR			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Director Name DON SOULS			Director Name		
Street Address 2701 VILLAGE GREEN CIR.			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
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