RI SOS Filing Number: 202449072820 Date: 3/13/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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MAR 1 3 2024

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		<u> </u>			
1. Entity ID Number 000134068	2. Exact name of the Corporation EAST VIEW DRIVE ASSOCIATION						
State of Incorporation	Brief description of the character of business conducted in Rhode Island ROAD MAINTENANCE						
4. NAICS Code 624190	 						
6. Principal Office Address 5 EAST VIEW DRIVE			City LITTLE COMPTON	State RI	Zip 02837		
7. List ALL officers (names and add	dresses)		Check the	box to indicate an al	ttachment		
President Name SUSAN L PERRON			Vice-President Name BRENDAN MCKINNON				
Street Address 5 EAST VIEW DRIVE			Street Address 31 EAST VIEW DRIVE				
City LITTLE COMPTON	State RI	^{Zip} 02837	City LITTLE COMPTON	State RI	^{Zip} 02837		
Secretary Name			Treasurer Name CAROLYN E MOLLOY				
Street Address			Street Address 40 EAST VIEW DRIVE				
City	State	Zip	City LITTLE COMPTON	State RI	Zip 02837		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name SUSAN L PERRON			Director Name BRENDAN MCKINNON				
Street Address 5 EAST VIEW DRIVE			Street Address 31 EAST VIEW DRIVE				
City LITTLE COMPTON	State RI	^{Zip} 02837	City LITTLE COMPTON	State RI	Zip 02837		
Director Name CAROLYN E MOLLOY			Director Name				
Street Address 40 EAST VIEW DRIVE			Street Address				
City LITTLE COMPTON	State RI	^{Zip} 02837	City	State	Zip		
9. The Registered Agent information	on of record with the	ne 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.							
This report must be signed by either the Pres	sident, Vice-President,	Secretary, Assistant Se	ecretary, Treesurer, duly Authorized Representati	ive, Receiver or Truster	9		
Name of Officer/Authorized Repres	sentative		Date				
SUSAN L PERRON		03/05/2024					
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov