RI SOS Filing Number: 202449119930 Date: 3/18/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

FILED

MAR 1 8 2024

Annual	Report	for the	year:	2024
Non-Pro	ofit Cor	poratio	n -	

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation							
000149406	Jamestown Place Condominium Association							
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
RI	Condo assoc		Of Manifest Contractive (1922)	narra				
	Condo assoc	Jaton						
4. NAICS Code	1							
813990	1							
6. Principal Office Address			City	State	Zip			
1341 West Main Road, Ste. 11			Middletown	RI	02891			
			Middierowii	IXI	0203			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Cathy Kaiser			Vice-President Name					
Street Address 35 Knowles Court			Street Address					
^{City} Jamestown	State RI	^{Zip} 02835	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								
Director Name Eugene Mihaly			Director Name Rick Susi					
Street Address 35 Knowles Court			Street Address 35 Knowles Court					
City Jamestown	State RI	^{Zip} 02835	^{City} Jamestown	State RI	Zip 02835			
Oriector Name	1100	7	Director Name					
Street Address Street Address								
on moskup	Sat	39050	City	State	Zip			
9. The Registered Agent information	n of record with the	e RI Department c	of State is accurate. Changes require	e 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 President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Repres		Date						
Ana Lake (Agent of Jamestown Condominium Association)				3/12/2024				
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