



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

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.

MAR 15 2024
BY Y2115

1. Entity ID Number 000126035		2. Exact name of the Corporation Pine Lodge Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 813990					
6. Principal Office Address 1341 West Main Road Suite 11			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy Meyer			Vice-President Name Jillian Brooks		
Street Address 34 Catherine Street			Street Address 32 Catherine Street		
City Newport	State RII	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Ted Gidley			Treasurer Name Melissa Marci		
Street Address 32 Catherine Stret			Street Address 32 Catherine Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 Nancy Meyer			Director Name Jillian Brooks		
Street Address 34 Catherine Street			Street Address 32 Catherine Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Ted Gidley			Director Name Melissa Marci		
Street Address 32 Catherine Street			Street Address 32 Catherine Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Analake				Date 3/4/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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