



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000153749

**2. Name of Corporation** South Pier Farm Homeowners Association

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

**4. Principal Office Address**

No. and Street: 9 THAYER AVENUE

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO OWN, OPERATE AND MAINTAIN COMMON AREAS OF SOUTH PIER FARM

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

**Title**

**Individual Name**

First, Middle, Last, Suffix

**Address**

Address, City or Town, State, Zip Code, Country

DIRECTOR/TREASURER	NATALIE LEVESQUE	9 THAYER AVE. NARRAGANSETT, RI 02882 USA
DIRECTOR/PRESIDENT	ROBERT FLYNN	3 JESSICA LANE NARRAGANSETT, RI 02882 USA
DIRECTOR	PETER SMITH	35 THAYER AVENUE NARRAGANSETT, RI 02882 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATALIE LEVESQUE, CPA 9 THAYER AVENUE NARRAGANSETT , RI 02882

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 26 Day of March, 2024 at 4:15:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By NATALIE L LEVESQUE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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