



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. 001744822

2. Name of Corporation High Rocks Residential Condominium Sub-Association Inc.

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: 200 HEROUX BLVD UNIT 905

City or Town: CUMBERLAND State: RI Zip: 02864 Country: US

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

OPERATING AND MAINTENANCE OF HIGH ROCKS RESIDENTIAL CONDOMINIUMS

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
-------	--	--

TREASURER	SUSAN MONAGHAN	1TUPPERWARE DR N SMITHFIELD, RI 02896 US
INCORPORATOR	FRANK A. LOMBARDI ESQ	14 BREAKNECK HILL ROAD, SUITE 203 LINCOLN, RI 02865 USA
OTHER OFFICER	ROGER L CUMMINGS	185 DUDLEY ST WORCESTER, MA 01602 UNI
DIRECTOR	VIRGINIA ROCKHILL	1 TUPPERWARE DRIVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MICHAEL DEBROISSE	1 TUPPERWARE DRIVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	SUSAN MONAGHAN	1 TUPPERWARE DRIVE NORTH SMITHFIELD, RI 02896 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**

FRANK A. LOMBARDI, ESQ. 14 BREAKNECK HILL ROAD, SUITE 203 LINCOLN , RI 02865

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

Signed this 27 Day of March, 2024 at 5:22:04 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 ROGER L CUMMINGS
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved