



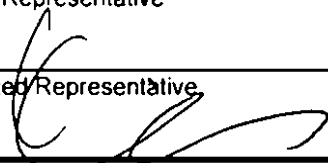
State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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

1. Entity ID Number 163992		2. Exact name of the Corporation Elizabeth Webbing Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To Govern, Manage the Ownership, operation and manage the property of condominiums in Central Falls, RI			
4. NAICS Code 813910					
6. Principal Office Address 521 Roosevelt Ave			City Central Falls	State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tze Ping Ng			Vice-President Name Louis Yip		
Street Address 76 Middle Rd			Street Address 71 Wingate Rd		
City East greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02906
Secretary Name Florence Yip			Treasurer Name Amy Ng		
Street Address 71 Wingate Rd			Street Address 76 Middle St		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
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 Louis Yip			Director Name Tze Ping Ng		
Street Address 71 Wingate Rd			Street Address 76 Middle Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Director Name Amy Ng			Director Name Florence Yip		
Street Address 76 Middle Rd			Street Address 71 Wingate Rd		
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02906
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 Louis Yip				Date 4/1/2024	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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