



**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. 000035905

2. Name of Corporation CONGDON FARM ON TURNER COVE PROPERTY OWNERS 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: 571 CAMP FULLER RD.

City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

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

TO CONSTRUCT, REPAIR, REBUILD, CARE FOR AND MAINTAIN PROPERTY IN THE ASSOCIATION

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
PRESIDENT	JOHN DESANCTIS	500 CAMP FULLER ROAD WAKEFIELD, RI 02879 USA
TREASURER	DAVID CARBONE	571 CAMP FULLER ROAD WAKEFIELD, RI 02879 US
SECRETARY	SONJA GLATZHOFER	485 CAMP FULLER ROAD WAKEFIELD, RI 02879 US
VICE PRESIDENT	WILLAIM BURMEISTER	619 CAMP FULLER ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	JACK CARON	557 CAMP FULLER ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	PHIL MANIA	50 WILDERNESS DRIVE WAKEFIELD, RI 02879 US
DIRECTOR	WILLIAM BURMEISTER	619 CAMP FULLER ROAD WAKEFIELD, RI 02879 US

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

SONJA GLATZHOFER 485 CAMP FULLER ROAD WAKEFIELD , RI 02879

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

Signed this 21 Day of April, 2024 at 4:44:49 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 SONJA GLATZHOFER
Signature of Authorized Person

Form No. 631
Revised 09/07