



State of Rhode Island
Department of State - Business Services Division

FILED

APR 23 2024

BY

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 000000016		2. Exact name of the Corporation Sakonnet East Condominium Association	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island 8 town houses	
4. NAICS Code 813990			
6. Principal Office Address 30 Sakonnet East		City Tiverton	State R.I.
		Zip	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Ann Marie Nicoletti		Vice-President Name Bill French	
Street Address 39 Sakonnet East		Street Address 41 Sakonnet East	
City Tiverton	State R.I.	City Tiverton	State R.I.
Zip 02878		Zip 02878	
Secretary Name P.K. MacKinnon		Treasurer Name Patricia Westin	
Street Address 37 Sakonnet East		Street Address 33 Sakonnet East	
City Tiverton	State R.I.	City Tiverton	State RI
Zip 02878		Zip 02878	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Hilda Todd		Director Name Bob Desimone	
Street Address 45 Sakonnet East		Street Address 43 Sakonnet East	
City Tiverton	State RI	City Tiverton	State R.I.
Zip 02878		Zip 02878	
Director Name Anna Nolan		Director Name	
Street Address 35 Sakonnet East		Street Address	
City Tiverton	State RI	City	State
Zip 02878		Zip	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Ann Marie Nicoletti			Date 4/18/24
Signature of Officer/Authorized Representative Ann Marie Nicoletti			

MAIL TO:

Division of Business Services

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