



State of Rhode Island
Department of State - Business Services Division

FILED

APR 23 2024

BY

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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 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 <input type="checkbox"/>					
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.	Zip 02878	City Tiverton	State R.I.	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.	Zip 02878	City Tiverton	State RI	Zip 02878
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 Hilda Todd			Director Name Bob Desimone		
Street Address 45 Sakonnet East			Street Address 43 Sakonnet East		
City Tiverton	State RI	Zip 02878	City Tiverton	State R.I.	Zip 02878
Director Name Anna Nolan			Director Name		
Street Address 35 Sakonnet East			Street Address		
City Tiverton	State RI	Zip 02878	City	State	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Ann Marie Nicoletti				Date 4/18/24	
Signature of Officer/Authorized Representative Ann Marie Nicoletti					

MAIL TO:
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