



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

Annual Report for the year: **2024**

Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 24 2024  
BY *[Signature]*

1. Entity ID Number <b>1677858</b>	2. Exact name of the Corporation <b>Chestnut Court Tenant Association</b>
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3. Principal Office Address <b>5 Chestnut Street, Apt. A107</b>	City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>
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4. NAICS Code <b>624120</b>	6. Brief description of the character of business conducted in Rhode Island <b>Chestnut Court tenant Association over sees the needs of elderly and disabled individuals in 2 public housing sites in Westerly ,R.I.</b>
5. State of Incorporation <b>Rhode Island</b>	

<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Barbara Rofrano</b>			Vice-President Name <b>Mary Lou Lacerte</b>		
Street Address <b>5 Chestnut St. Apt.A107</b>			Street Address <b>5 Chestnut St. Apt. A106</b>		
City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>
Secretary Name <b>Marie Lamotte</b>			Treasurer Name <b>Barbara Rofrano</b>		
Street Address <b>5 Chestnut St. Apt. B110</b>			Street Address <b>5 Chestnut St. Apt. A107</b>		
City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>

<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Chester Medeiros</b>			Director Name <b>Peter Warner</b>		
Street Address <b>5 Chestnut St. Apt. A102</b>			Street Address <b>5 Chestnut St. Apt. A104</b>		
City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>
Director Name <b>Joan Elis</b>			Director Name <b>Donna Parkinson</b>		
Street Address <b>5 Chestnut St. Apt.C106</b>			Street Address <b>5 Chestnut St. Apt. B209</b>		
City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>

<b>9. Shares Authorized</b>	<b>10. Shares Issued</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	None	None	None

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**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.**

Name of Authorized Representative <i>BARBARA ROFRANO</i>	Date <i>4/16/2024</i>
Signature of Authorized Representative <i>Barbara Rofrano</i>	

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