



State of Rhode Island
Department of State - Business Services Division

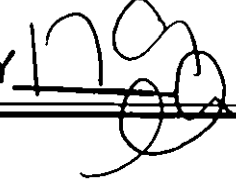
FILED


Annual Report for the year: **2024**

APR 24 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.

BY 

1. Entity ID Number 1677858		2. Exact name of the Corporation Chestnut Court Tenant Association			
3. Principal Office Address 5 Chestnut Street, Apt. A107			City Westerly	State R.I.	Zip 02891
4. NAICS Code 624120		6. Brief description of the character of business conducted in Rhode Island Chestnut Court tenant Association over sees the needs of elderly and disabled individuals in 2 public housing sites in Westerly ,R.I.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barbara Rofrano			Vice-President Name Mary Lou Lacerte		
Street Address 5 Chestnut St. Apt.A107			Street Address 5 Chestnut St. Apt. A106		
City Westerly	State R.I.	Zip 02891	City Westerly	State R.I.	Zip 02891
Secretary Name Marie Lamotte			Treasurer Name Barbara Rofrano		
Street Address 5 Chestnut St. Apt. B110			Street Address 5 Chestnut St. Apt. A107		
City Westerly	State R.I.	Zip 02891	City Westerly	State R.I.	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Chester Medeiros			Director Name Peter Warner		
Street Address 5 Chestnut St. Apt. A102			Street Address 5 Chestnut St. Apt. A104		
City Westerly	State R.I.	Zip 02891	City Westerly	State R.I.	Zip 02891
Director Name Joan Elis			Director Name Donna Parkinson		
Street Address 5 Chestnut St. Apt.C106			Street Address 5 Chestnut St. Apt. B209		
City Westerly	State R.I.	Zip 02891	City Westerly	State R.I.	Zip 02891
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		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 BARBARA ROFRANO				Date 4/16/2024	
Signature of Authorized Representative 					

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