



State of Rhode Island
Department of State - Business Services Division

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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 000035543		2. Exact name of the Corporation Summit Neighborhood Ass., Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preservation of the residential character of the neighborhood			
4. NAICS Code 813990					
6. Principal Office Address PO Box 41092			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sharon Lee Waldman			Vice-President Name Emily Kloeblen		
Street Address 56 Groaton Drive			Street Address 92 Ivy Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Open position			Treasurer Name Britt Page		
Street Address			Street Address 177 Morris Street		
City	State	Zip	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Anneliese Greenier			Director Name Corey Jones		
Street Address 148 Ninth Street			Street Address 214 Howell Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Sam Burgess			Director Name Katy Gilchrist		
Street Address 15 Woodbine Street			Street Address 6 Groaton Drive		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Sharon Lee Waldman				Date 05/01/2024	
Signature of Officer/Authorized Representative <i>Sharon Lee Waldman</i>				FILED	

MAY 01 2024

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

BY 461

Entity ID #00035543

Summit Neighborhood Ass., Inc.

**Non-Profit Corporation - Annual Report for
2024**

Item 8. Attachment of Additional Directors

Morgan Schwartz

244 Pleasant St. Apt 2, Providence RI 02906

Michael Bradlee

226 Summit Ave, FL 3, Providence RI 02906

Allyson Baker

15 Woodbine St, apt 3, Providence, RI, 02906