



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. Corporate ID No. 001667090

2. Name of Corporation SOUTH SHORE VILLAGE RI CONDOMINIUM ASSOCIATION

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813910

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 181 KNIGHT STREET

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDE FOR THE ADMINISTRATION OPERATION MANAGEMENT
MAINTENANCE PRESERVATION AND CONTROL OF THE SOUTH KINGSTOWN
VILLAGE RI CONDOMINIUM ASSOCIATION IN THE TOWN OF SOUTH KINGSTOWN
COUNTY OF WASHINGTON STATE OF RHODE ISLAND ESTABLISHED PURSUANT OF
THE RHODE ISLAND CONDOMINIUM ACT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | LAWRENCE C. LEBLANC | P.O. BOX #1299 CHARLESTOWN, RI 02813 USA |
| DIRECTOR | GEORGE HELWIG | 74 DRIVER LANE, C18 WAKEFIELD, RI 02879 USA |
| DIRECTOR | KEN GOING | 118E DRIVE LANE, C07 WAKEFIELD, RI 02879 USA |
| DIRECTOR | RACHEL BRASSARD | 126 FESCUE LANE, B02 WAKEFIELD, RI 02879 USA |
| DIRECTOR | JAMES BARROWS | 1364 SMITH AVENUE NORTH PROVIDENCE, RI 02911 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

AMELIE HENNESSY 181 KNIGHT STREET WARWICK , RI 02886

Signed this 5 Day of August, 2024 at 9:40:09 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LAWRENCE LEBLANC
Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 05, 2024 09:40 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

