



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, 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.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001728698

2. Name of Corporation Millard Fillmore Perry House Condominium Association

3. State of Incorporation

State: RI

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

813990

4. Principal Office Address

No. and Street: P.O. BOX 1561

City or Town: KINGSTON

State: RI

Zip: 02881

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

HOMEOWNERS ASSOCIATION FOR THE MILLARD FILLMORE PERRY HOUSE (MFPH) WHICH WILL MANAGE AND MAINTAIN ALL COMMON AREAS OF THE MFPH ON BEHALF OF THE UNIT OWNERS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	CHELSEA DRISCOLL	1729 SOUTH ROAD, UNIT #2 KINGSTON, RI 02881 USA
DIRECTOR	NATALIE PIFER	1729 SOUTH ROAD, UNIT #4 KINGSTON, RI 02881 USA
DIRECTOR	ADAM SULLIVAN	37 BROOKVIEW DRIVE UNIT 1 CRANSTON, RI 02921 USA

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

CHELSEA DRISCOLL 1729 SOUTH ROAD, UNIT 2 KINGSTON , RI 02881

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of August, 2024 at 3:21:49 PM 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 ADAM SULLIVAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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