



State of Rhode Island
Department of State - Business Services Division

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.

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RECEIVED
STATE
B.S. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 001687798		2. Exact name of the Corporation Lofts at Allen Street Condominium Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate the affairs of the Lofts at Allen Street Condominium	
4. NAICS Code 813990			
6. Principal Office Address 1865 Post Road, Suite 202		City Warwick	State RI Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jefferson Heberling		Vice-President Name Scott Alconada	
Street Address 99 Allen Street, Unit 219		Street Address 99 Allen Street, Unit 113	
City Woonsocket	State RI	City Woonsocket	State RI
Secretary Name John Grenier		Treasurer Name Zachary Korpacz	
Street Address 99 Allen Street, Unit 103		Street Address 99 Allen Street, unit 213	
City Woonsocket	State RI	City Woonsocket	State RI
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 See Exhibit A attached hereto.		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative 			Date 10/11/24
Signature of Officer/Authorized Representative 			

FILED

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

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BY 226EX

FORM 631- Revised 12/2023

EXHIBIT A
DIRECTORS (2024):

Jefferson Heberling, 99 Allen Street, Unit 219, Woonsocket, RI 02895
Scott Alconada, 99 Allen Street, Unit 113, Woonsocket, RI 02895
Zachary Korpacz, 99 Allen Street, Unit 213, Woonsocket, RI 02895
John Grenier, 99 Allen Street, Unit 103, Woonsocket, RI 02895