



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**

**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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RI DEPT OF STATE  
BUS SVCS DIV  
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1. Entry ID Number <b>001687798</b>		2. Exact name of the Corporation <b>Lofts at Allen Street Condominium Association</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To operate the affairs of the Lofts at Allen Street Condominium</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>1865 Post Road, Suite 202</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jefferson Heberling</b>		Vice-President Name <b>Scott Alconada</b>	
Street Address <b>99 Allen Street, Unit 219</b>		Street Address <b>99 Allen Street, Unit 113</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
Secretary Name <b>Ian Lambert</b>		Treasurer Name <b>Zachary Korpacz</b>	
Street Address <b>99 Allen Street, Unit 201</b>		Street Address <b>99 Allen Street, unit 213</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name <b>See Exhibit A attached hereto.</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Jefferson Heberling</b>			Date <b>10/11/24</b>
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](http://www.sos.ri.gov)

**NOV 27 2024**

**226EX**

EXHIBIT A  
DIRECTORS (2023):

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  
Ian Lambert, 99 Allen Street, Unit 201, Woonsocket, RI 02895