RI SOS Filing Number: 202562592300 Date: 1/15/2025 11:30:00 AM



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 **2025**: <u>2025</u>

- 1. Corporate ID No. 000067600
- 2. Name of Corporation THORPE LANE ESTATES HOMEOWNERS 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 <u>click here.</u>

NAICS Code

813990

4. Principal Office Address

No. and Street: 4 THORPE LANE

City or Town: RICHMOND State: RI Zip: 02892 Country: USA

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

RESIDENTAL COMPOUND

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 | Address |
|-------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

| PRESIDENT | ROBERT BERCZUK | 4 THORPE LANE RICHMOND, RI 02892 USA |
|-----------|------------------|--|
| DIRECTOR | ROBERT BERCZUK | 4 THORPE LN RICHMOND, RI 02892 USA |
| DIRECTOR | SARAH TRACY | 10 THORPE LANE RICHMOND, RI 02892 USA |
| DIRECTOR | RICHARD MCGANNON | 6 THORPE LANE RICHMOND, RI 02892 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

PHILIP E. TRACY 10 THORPE LANE WEST KINGSTON, RI 02892

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

Signed this 15 Day of January, 2025 at 11:34:33 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 ROBERT BERCZUK

Signature of Authorized Person

Form No. 631 Revised 09/07

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