



**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: 2025

1. Corporate ID No. 000717441

2. Name of Corporation NINIGRET INN 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
624229

4. Principal Office Address

No. and Street: PO BOX 5188
City or Town: WAKEFIELD State: RI Zip: 02880 Country: USA

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

ADMINISTRATION OPERATION MANAGEMENT MAINTENANCE PRESERVATION
AND CONTROL OF THE CONDO ASSOC

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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	BRAD HANSEN	95 MAPLE STREET BELLINGHAM, MA 02019 USA
SECRETARY	CHRIS LAVALLEE	98 OAK HOLLOW DR WATERBURY, CT 06708 USA
TREASURER	TRACY HANSEN	520 WRENTHAM RD BELLINGHAM, MA 02019 US
DIRECTOR	TRACY HANSEN	520 WRENTHAM RD BELLINGHAM, MA 02019 US
DIRECTOR	BRAD HANSON	95 MAPLE STREET BELLINGHAM, MA 02919 USA
DIRECTOR	CHRIS LAVALLEE	98 OAK HOLLOW DR WATERBURY, CT 06708 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

MARK P. PROVOST, CPA/PFS, MST 10 HIGH STREET, SUITE B WAKEFIELD, RI 02879

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

Signed this 13 Day of February, 2025 at 11:00:16 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 MARK PROVOST
Signature of Authorized Person

Form No. 631
Revised 09/07

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