



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

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.

FEB 18 2025

BY 1422

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1. Entity ID Number 001688944		2. Exact name of the Corporation Mariner Village Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of the Mariner Village Condominium			
4. NAICS Code 531311					
6. Principal Office Address 12 Mariner Way			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth McDonald			Vice-President Name Sheryl Baxter		
Street Address P.O. Box 830			Street Address 118 Jeffrey Lane		
City North Kingstown	State RI	Zip 02852	City West Springfield	State MA	Zip 01089
Secretary Name			Treasurer Name Eugene Claeys		
Street Address			Street Address 8 Mariner Way		
City	State	Zip	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sandra Dankelman			Director Name Laura Ames		
Street Address 15 Mariner Way			Street Address 19 Mariner Way		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Sheryl Baxter			Director Name		
Street Address 118 Jeffrey Lane			Street Address		
City West Springfield	State MA	Zip 10189	City	State	Zip
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.					
<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 Ana E. Lake				Date 2/1/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

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