RI SOS Filing Number: 202566346620 Date: 2/24/2025 4:00:00 PM



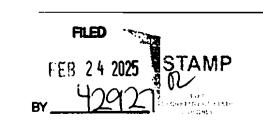
## State of Rhode Island

## **Department of State - Business Services Division**

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.					
1. Entity ID Number	2. Exact name of the Corporation				
000126035	Pine Lodge Condominium Association				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	Condominium Association				
4. NAICS Code					
813990					
6. Principal Office Address			City	State	Zip
1341 West Main Road Suite 11			Middletown	RI	02842
7. List ALL officers (names and add	resses)		box to indicate an a	ittachment	
President Name Nancy Meyer			Vice-President Name Jillian Brooks		
Street Address 34 Catherine Street			Street Address 32 Catherine Street		
<sup>City</sup> Newport	State RI	<sup>Zip</sup> 02840	<sup>City</sup> Newport	State RI	<sup>Zip</sup> 02840
Secretary Name Ted Gidley			Treasurer Name Melissa Marci		
Street Address 32 Catherine Street			Street Address 32 Catherine Street		
City Newport	State RI	<sup>Zip</sup> 02840	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					
Director Name Nancy Meyer			Director Name Jillian Brooks		
Street Address 34 Catherine Street			Street Address 32 Catherine Street		
City Newport	State RI	<sup>Zip</sup> 02840	City Newport	State RI	Zip 02840
Director Name Ted Gidley			Director Name Melissa Marci		
Street Address 32 Catherine Street			Street Address 32 Catherine Street		
City Newport	State RI	<sup>Zip</sup> 02840	<sup>City</sup> Newport	State RI	<sup>Zip</sup> 02840
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative					
Analake (agent of Pine Lodge Cool om: nom 1850cm tion) 21312025					
Signature of Officer/Authorized Representative					

(MAJL/10:

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov