State of Rhode Island
Department of State - Business Services Division

FILED
MAR 12 2025
BY

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
000064318	South Kingstown neighborhood Congress, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: A non-partisan voice for neighborhood groups in South Kingstown, RI
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
60 Walden Way	Wakefield	RI	02879

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Leslie Chouinard			Vice-President Name: Marc Levitt		
Street Address: 11 Emmett Lane			Street Address: 100 Orchard Avenue		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Secretary Name: Mary E. O'Rourke			Treasurer Name: None		
Street Address: 60 walden Way			Street Address:		
City: Wakefield	State: RI	Zip: 02879	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: David Flanders			Director Name: Joanne Melish		
Street Address: 1148B Curtis Corner Road			Street Address: 84 Lake Street		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Director Name: Marc Levitt			Director Name:		
Street Address: 100 Orchard Avenue			Street Address:		
City: Wakefield	State: RI	Zip: 02879	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.

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

Name of Officer/Authorized Representative	Date
Mary E. O'Rourke	**3/8/2025**

Signature of Officer/Authorized Representative: Mary E. O'Rourke

MAIL TO:
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Website: www.sos.ri.gov

FORM 631- Revised: 12/2023