RI SOS Filing Number: 202567727680 Date: 3/19/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 19 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
000000016	Sakonnet East Condominium Association, INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: 8 townhouses
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
30 Sakonnet East	Tiverton	RI	02878

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

President Name	Vice-President Name
Ann marie Nicoletti	Bill French
Street Address: 39 Sakonnet East	Street Address: 41 Sakonnet East
City: Tiverton State: RI Zip: 02878	City: Tiverton State: RI Zip: 02878
Secretary Name: P.K. Mackinnon	**Treasurer Name:** Patricia Westin
Street Address: 37 Sakonnet East	Street Address: 33 Sakonnet East
City: Tiverton State: RI Zip: 02878	City: Tiverton State: RI Zip: 02878

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

Director Name	Director Name
Hilda Todd	Bob Desimone
Street Address: 45 Sakonnet East	Street Address: 43 Sakonnet East
City: Tiverton State: RI Zip: 02878	City: Tiverton State: RI Zip: 02878
Director Name: Anna Nolan	Director Name:
Street Address: 35 Sakonnet East	Street Address:
City: Tiverton State: RI Zip: 02878	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
Ann Marie Nicoletti	3/15/25

Signature of Officer/Authorized Representative: Ann Marie Nicolette

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

FORM 631- Revised: 12/2023