



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

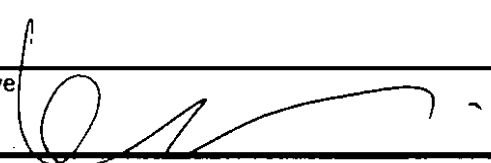
Non-Profit Corporation

→ Filing period: February 1 - May 1

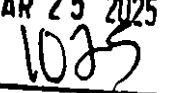
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025 MAR 25 10:44 AM

1. Entity ID Number 163992		2. Exact name of the Corporation Elizabeth Webbing Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To govern, manage the ownership, operation and manage the property of condominiums in Central Falls, RI			
4. NAICS Code 813910					
6. Principal Office Address 521 Roosevelt Ave		City Central Falls		State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Louis Yip			Vice-President Name Tze Ping Ng		
Street Address 71 Wingate Rd			Street Address 76 Middle Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Secretary Name Florence Yip			Treasurer Name Amy NG		
Street Address 71 Wingate Rd			Street Address 76 Middle Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Louis Yip			Director Name Tze Ping Ng		
Street Address 71 Wingate Rd			Street Address 76 Middle Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Director Name Florence Yip			Director Name Amy Ng		
Street Address 71 Wingate Rd			Street Address 76 Middle Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
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 Louis Yip				Date 3/11/25	
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

MAR 25 2025
BY 
FORM 631- Revised: 12/2023