



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.

FILED

APR 07 2025

BY

1. Entity ID Number 000030850		2. Exact name of the Corporation Property Owners Association of Keech Pond, Inc.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Corporation that maintains a high hazard dam and common beach areas around Keech Pond			
4. NAICS Code 81 3000					
6. Principal Office Address 12 Lakeview Circle		City Chepachet		State R. I.	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Andre Goulet			Vice-President Name John Holmes		
Street Address 11 Lakeview Circle			Street Address 12 Lakeview Circle		
City Chepachet	State R. I.	Zip 02814	City Chepachet	State R. I.	Zip 02814
Secretary Name Valeri Begin			Treasurer Name Terry Holmes		
Street Address 209 Keech Pond Drive			Street Address 12 Lakeview Circle		
City Chepachet	State R. I.	Zip 02814	City Chepachet	State R. I.	Zip 02814
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Karen Chludenski			Director Name Robert Thebeault		
Street Address 140 Saunders Brook Road			Street Address 4 Sunrise Terrace		
City Chepachet	State R. I.	Zip 02814	City Chepachet	State R. I.	Zip 02814
Director Name Ron Schram			Director Name Robert Van Herpe		
Street Address 59 Lakeview Drive			Street Address 18 Lakeview Drive		
City Chepachet	State r. i.	Zip 02814	City Chepachet	State R. I.	Zip 02814
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 ANDRE GOULET					Date 3/30/25
Signature of Officer/Authorized Representative <i>Andre Goulet</i>					

MAIL TO:

Division of Business Services

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