



State of Rhode Island
Department of State - Business Services Division

FILED**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.

APR 07 2025 V.F.
BY *[Signature]*

1. Entity ID Number 000149406		2. Exact name of the Corporation Jamestown Place Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island condominium association			
4. NAICS Code 813990					
6. Principal Office Address 1341 West Main Road Ste 11			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Catherine Kaiser			Vice-President Name Eugene Mihaly		
Street Address 35 Knowles Court			Street Address 35 Knowles Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Thomas Gibbons			Treasurer Name Richard Susi		
Street Address 35 Knowles Court			Street Address 35 Knowles Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Catherine Kaiser			Director Name Eugene Mihaly		
Street Address 35 Knowles Court			Street Address 35 Knowles Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Thomas Gibbons			Director Name Richard Susi		
Street Address 35 Knowles Court			Street Address 35 Knowles Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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 Ana Lake				Date 4/3/2025	
Signature of Officer/Authorized Representative <i>[Signature]</i> (Agent of Jamestown Place Condominium Association)					

MAIL TO:**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov