



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number 30487		2. Exact name of the Corporation Paige Associates			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowner Management			
4. NAICS Code 813990					
6. Principal Office Address 5 Paige Drive		City Coventry		State RI	Zip 02816
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Michael Berndt			Vice-President Name William Dudley		
Street Address 5 Coventry Drive			Street Address 15 Paige Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Deborah Anderson			Treasurer Name Tammy Barr		
Street Address 25 Paige Drive			Street Address 16 Paige Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Michael Berndt			Director Name Tammy Barr		
Street Address 5 Coventry Drive			Street Address 16 Paige Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Deborah Anderson			Director Name None		
Street Address 25 Paige Drive			Street Address None		
City Coventry	State RI	Zip 02816	City None	State None	Zip None
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Michael Berndt			FILED MAY 07 2025 BY LE 1247		Date 05/01/25
Signature of Officer/Authorized Representative 			5/1/25		

MAIL TO:  
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