RI SOS Filing Number: 202573401770 Date: 5/19/2025 4:00:00 PM FILED State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2025 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation 55583 College View Court, Inc. 3. Principal Office Address City State Zip 11 College Hill Road Warwick RI 02886 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 531390 Resendential condominium association 5. State of Incorporation 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Lisa Tincknell Vice-President Name Grant Kokoska Street Address Street Address 11 College Hill Road Unit 2B 11 College Hill Road Unit 3B City Warwick ^{Zip} 02886 State State Warwick RI 02886 Secretary Name Carol Riccitelli Treasurer Name Carol Riccitelli Street Address Street Address 11 College Hill Road Unit 1A 11 College Hill Road Unti 1A State RI ^{City} Warwick ^{Zip} 02886 State City Warwick Zip 02886 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Lisa Tincknell Director Name Grant Kokoska Street Address 11 College Hill Road Unit 3B Street Address 11 College Hill Road Unit 2B City Warwick ^{Zip} 02886 State RI State City Warwick Zip 02886 RI Director Name Director Name Carol Riccitelli Street Address 11 College Hill Road Unti 1A Street Address City Warwick State Zip State RI Ζiρ 9. Shares Authorized 10. Shares issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 600 Common No par value Changes require an additional filing. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee 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. Name of Authorized Representative Date Lisa Tincknell

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Division of Business Services

Signature of Authorized Representative

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

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