State of Rhode Island
Department of State - Business Services Division

FILED
MAY 19 2025
BY RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAY 19 P 3:58

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				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Lisa Tincknell	11 College Hill Road Unit 3B	Warwick	RI	02886

Vice-President Name	Street Address	City	State	Zip
Grant Kokoska	11 College Hill Road Unit 2B	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Carol Riccitelli	11 College Hill Road Unti 1A	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
Carol Riccitelli	11 College Hill Road Unit 1A	Warwick	RI	02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Lisa Tincknell	11 College Hill Road Unit 3B	Warwick	RI	02886

Director Name	Street Address	City	State	Zip
Grant Kokoska	11 College Hill Road Unit 2B	Warwick	RI	02886

Director Name	Street Address	City	State	Zip
Carol Riccitelli	11 College Hill Road Unti 1A	Warwick	RI	

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	Common	No par value

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	5/8/2025

Signature of Authorized Representative: Lisa Tincknell

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023