



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

FEB 21 2023 *OL*
12270

- Filing period February 1 - May 1
- Filing Fee \$20.00
- Penalty Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 43185		2. Exact name of the Corporation KICKEMUIT KLOSE CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of Kickemuit Klose Condominium			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 511 Child Street (Mail: P.O. Box 346)		City Warren	State RI	Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Debra Going			Vice-President Name Joanne Rotondo		
Street Address 511 Child Street, Unit 209			Street Address 511 Child Street, Unit 604		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Debra Sewell			Treasurer Name Pamela Vardner		
Street Address 511 Child Street, Unit 405			Street Address 10 Orchard Drive		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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 Debra Going			Director Name Joanne Rotondo		
Street Address 511 Child Street, Unit 209			Street Address 511 Child Street, Unit 604		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Peter Tekippe			Director Name Pamela Vardner		
Street Address 7 Chase Farm Road			Street Address 10 Orchard Drive		
City Swansea	State MA	Zip 02777	City Warren	State RI	Zip 02885
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.					
<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 Debra Going				Date 2/18/23	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

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

**2022 ANNUAL REPORT CONTINUED
FOR
KICKEMUIT KLOSE CONDOMINIUM ASSOCIATION, INC.**

NON-PROFIT ID NUMBER: 43185

NAME OF NON-PROFIT: KICKEMUIT KLOSE CONDINIUM
ASSOCIATION, INC.

MEMBER AT LARGE: GUS USECHE
511 CHILD STREET, UNIT 701
WARREN, RI 02885