RI SOS Filing Number: 202329905710 Date: 3/2/2023 4:00:00 PM

Department of State - Business Services I  Annual Report for the year: 2023  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.			Division FILED - MAR 0 2 2023 BY 503				
							1. Entity ID Number 000294621
3. Principal Office Address 51B Pearl Street	City Westerly		State RI	Zip 02891			
4. NAICS Code 813990 5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode Island  Condo Association					
7. List ALL officers (names an	List ALL officers (names and addresses)  Check the box to indicate an attachm						
President Name David G Ka	Vice-President Name David G Kalil						
Street Address 51B Pearl Street			Street Address 51B Pearl Street				
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State RI	<sup>Zip</sup> 02891	
Secretary Name David G Kalil			Treasurer Nam	Treasurer Name David G Kalil			
Street Address 51B Pearl Street			Street Address 51B Pearl Street				
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State RI	<sup>Zip</sup> 02891	
8. List ALL directors (names a	ind addresses)		Director Name		ck the box to in	ndicate an attachment	
David G Kal				. <del>-</del>			
Street Address 51B Pearl Street			Street Address				
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address	Street Address						
City	State	Zip	City	<del></del>	State	Zip	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment  CLASS/SERIES PAR VALUE		
This information is currently of record in the Department of State.		2000	SHAKES	STK			
Changes require an additional filing.							
11. This report must be executrustee, this report must be ex					rporation is in t	he hands of a receiver or	
Under penalty of perjury, I o statements, and that all stat	declare and affirm to tements contained	that I have examine	ed this report, is	ncluding any acc	ompanying so	chedules and	
Name of Authorized Represer		Date		?			
David G Kalil					~~	-27-2023	
Signature of Authorized Repre	esentative	J					

MAIL TO:

**Division of Business Services** 

State of Rhode Island

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

Phone: (401) 222-3040 Website: www.sos.ri.gov