	State of Rhode Office of the Secret		Fee: \$20.00	
Division Of Business Services				
148 W. River Street				
1426	Providence RI 029			
1630	(401) 222-30)40		
Non-Profit Corporation Annual Report				
Filing Period: February 1 - May	· 1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 202	<u>3</u>			
1. Corporate ID No. 00002	27551			
2. Name of Corporation <u>KINGSLAND LEISURE VILLAGE CONDOMINIUM, INC.</u>				
3. State of Incorporation				
State: <u>RI</u>				
ARTICLE III				
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the NAICS Code is	the dropdown will known, enter it into the	
NAICS Code				
<u>813910</u>				
4. Principal Office Address				
No. and Street: P.O. BOX 1077				
	LESTOWN State: <u>R</u>	<u>L</u> Zip: <u>02813</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Cond	ucted in Rhode Isla	and	
CONDOMINIUM ASSOCIATION				
6. Names and Addresses of t	he Officers and Directors:			
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name First, Middle, Last, Suffix		ddress vn, State, Zip Code, Country	
	. ,, <u></u> , .		,, , <u>,</u> ,,	

TREASURER	MARY A DIAS	1D KINGSLAND COURT CHARLESTOWN, RI 02813 USA
SECRETARY	CHRISTINE DEEDS	6D KINGSLAND COURT CHARLESTOWN, RI 02813 USA
PRESIDENT	MARK RAVENELL	SCAPA FLOW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	MARCELLA MATTHEWS	4B KINGSLAND COURT CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	DAVID NORBERG	5B KINGSLAND COURT CHARLESTOWN, RI 02813 USA
DIRECTOR	JOHN PICCIRRILLI	2C KINGSLAND COURT CHARLESTOWN, RI 02813 USA
DIRECTOR	MARK RAVENELL	78 SCAPA FLOW ROAD CHARLESTOWN, RI 02813 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARY DIAS 1 D KINGSLAND COURT CHARLESTOWN , RI 02813

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 31 Day of March, 2023 at 11:56:56 AM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MARY A. DIAS

Signature of Authorized Person

Form No. 631 Revised 09/07

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