



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001672293

2. Name of Corporation Manton Pond at Wake Robin Condominiums Inc

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

4. Principal Office Address

No. and Street: 5 WAKE ROBIN ROAD

UNIT 2101

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO MANAGE AND OTHERWISE OPERATE THE WAKE ROBIN AT MANTON POND CONDOMINIUM

6. Names and Addresses of the 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	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JUDAH BOULET	5 WAKE ROBIN ROAD, UNIT 2101 LINCOLN, RI 02865 USA
DIRECTOR	GALINA ADAMOVICH	5 WAKE ROBIN RD #2102 LINCOLN, RI 02865 USA
DIRECTOR	LOUISE DENEALT	5 WAKE ROBIN ROAD, UNIT 2302 LINCOLN, RI 02865 USA
DIRECTOR	JUDAH BOULET	5 WAKE ROBIN ROAD, UNIT 2101 LINCOLN, RI 02865 USA
DIRECTOR	MARK DENNE	5 WAKE ROBIN ROAD UNIT 2201 LINCOLN, RI 02865 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

FRANK A. LOMBARDI 14 BREAKNECK HILL ROAD, SUITE 203 LINCOLN , RI 02865

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

Signed this 13 Day of March, 2024 at 9:40:25 PM 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 JUDAH BOULET
Signature of Authorized Person

Form No. 631
Revised 09/07

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