RI SOS Filing Number: 202449308190 Date: 3/25/2024 9:12:00 PM



# 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**: <u>2024</u>

- 1. Corporate ID No. 000545320
- 2. Name of Corporation TROTT PLACE CONDOMINIUM ASSOCIATION
- 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 <u>click here.</u>

NAICS Code

813990

4. Principal Office Address

No. and Street: 341 METACOM AVENUE UNIT 2R

City or Town: WARREN State: RI Zip: 02885 Country: USA

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

## TO GOVERN AND MANAGE THE AFFAIRS OF THE CONDOMINIUM ASSOCIATION

#### 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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

TREASURER	CATHERINE A MARSHALL	12 BELCOURT AVE
		BRISTOL, RI 02809 US
SECRETARY	LORI PLOUDE	341 METACOM AVE 1F WARREN, RI 02885 US
PRESIDENT COORDINATOR	VICTORIA AFFONSO	196 SCHOOL HOUSE ROAD WARREN, RI 02885
DIRECTOR	LORI PLOUDE	341 METACOM AVE 1F WARREN, RI 02885 US
DIRECTOR	CATHERINE A MARSHALL	12 BELCOURT AVE BRISTOL, RI 02809 USA
DIRECTOR	VICTORIA AFFONSO	196 SCHOOL HOUSE RD WAARREN, RI 02886 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

CATHERINE MARSHALL 12 BELCOURT AVE BRISTOL, RI 02809

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

Signed this 25 Day of March, 2024 at 9:14:43 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 <u>CATHERINE</u>. A MARSHALL

Signature of Authorized Person

Form No. 631 Revised 09/07

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