RI SOS Filing Number: 200955670190 Date: 12/28/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. Corporate ID No.	2. Name of Corporation		
51722	WILDFLOWER CONDOMINIUMS ASSOCIATION, INC		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	48 HAMLET AVENUE	WOONSOCKET	02895
5. **Foreign corporation.** Enter principal office address	City	State	Zip
N/A			

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
RESIDENTIAL CONDOMINIUM COMMUNITY ASSOCIATION

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CORPORATIONS DIV

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	JOHN LIMA		*Vice President Name*	VERTIE GAY	
Street Address	4 SUNFLOWER CIRCLE		*Street Address*	92 SUNFLOWER CIRCLE	
City	N. PROVIDENCE	*State* RI *Zip* 02911	*City*	N. PROVIDENCE	*State* RI *Zip* 02911
Secretary Name	DENISE GUBATA		*Treasurer Name*	EVA ZITO	
Street Address	2 SUNFLOWER CIRCLE		*Street Address*	10 SUNFLOWER CIRCLE	
City	N. PROVIDENCE	*State* RI *Zip* 02911	*City*	N. PROVIDENCE	*State* RI *Zip* 02911

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	JEANNETTE BARRETT		*Director Name*	JASON KING	
Street Address	18 IRIS LANE		*Street Address*	102 SUNFLOWER CIRCLE	
City	N. PROVIDENCE	*State* RI *Zip* 02911	*City*	N. PROVIDENCE	*State* RI *Zip* 02911
Director Name	MARY ANN SWINTAK		*Director Name*		
Street Address	10 IRIS LANE		*Street Address*		
City	N. PROVIDENCE	*State* RI *Zip* 02911	*City*	*State*	*Zip*

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

John C. Lima 12/12/09
Signature of Officer *Date*

John C. Lima
Print or Type Name of Officer

President
Title of Officer

File Date	FILED
Check No.	DEC 28 2009
By:	By 106972

FOR SECRETARY OF STATE USE ONLY

43455-3-436703

[redacted]

Form 631 Rev. 09/17