RI SOS Filing Number: 201294430940 Date: 06/29/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
29655	Wayland Terrace Condominium Association Inc
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Condominium Complex

5. Principal office address	City	State	Zip
546 Angell Street	Providence	RI	02906

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
David A. Doiron	Ana Rosado
Street Address: 546 Angell Street 5B	Street Address: 546 Angell Street 2B
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Secretary Name	**Treasurer Name**
Christine Doonan	Janet Long
Street Address: 542 Angell Street 2A	Street Address: 546 Angell Street 1B
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES): RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
David A. Doiron	Ann Cerbone
Street Address: 546 Angell Street 5B	Street Address: 546 Angell Street 7B
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Director Name	**Director Name**
Christine Doonan	Janet Long
Street Address: 542 Angell Street 2A	Street Address: 546 Angell Street 1B
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED

File Date JUN 29 2012
Check No #2149
By
FOR SECRETARY OF STATE USE ONLY

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.

David A Doiron 6/20/2012
Signature of Officer Date

David A Doiron
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012
80483-13-766868