

A M E N D E D

=====



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 000009966		2. Exact name of the Corporation The Village at Wordens Pond Homeowners Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Negotiate for, acquire and operate a mobile home park on behalf of the member residents.			
5. Principal office address 434 Leisure Drive			City Wakefield	State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name William Cahill			Vice-President Name Bruce Fromm		
Street Address 11 Stellar Way			Street Address 395 Leisure Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Linda Hull			Treasurer Name Ruth Fiddes		
Street Address 17 Healey Brook Court			Street Address 411 Leisure Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Eileen Ullrich			Director Name Lois Keenan		
Street Address 427 Leisure Drive			Street Address 355 Leisure Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Patrick Noonan			Director Name		
Street Address 180 Little Pond Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY
 BY MA 10:39

FILED

MAY 09 2014

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.

Ruth Fiddes **05/06/2014**
 Signature of Officer or Authorized Representative Date

Ruth Fiddes, Treasurer

Print or Type Name of Officer or Authorized Representative