



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 **2014**

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. 83434		2. Exact name of the Corporation Westgate Condominium Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Management of all affairs of the Westgate Condominium Association			
5. Principal office address 754 Quaker Lane		City Warwick		State RI	Zip 02818
President Name David Woodward		Vice-President Name Alan Rappoport			
Street Address 750 Quaker Lane		Street Address 47 Hines Farm Road			
City Warwick	State RI	Zip 02818	City Cranston	State RI	Zip 02921
Secretary Name Marlene Annulli		Treasurer Name Ann Marie Mullen			
Street Address 752 Quaker Lane		Street Address 4080 Post Road			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David Woodward		Director Name Alan Rappoport			
Street Address 750 Quaker Lane		Street Address 47 Hines Farm Road			
City Warwick	State RI	Zip 02818	City Cranston	State RI	Zip 02921
Director Name Marlene Annulli		Director Name Ann Marie Mullen			
Street Address 752 Quaker Lane		Street Address 4080 Post Road			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02886
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: _____

FILED

MAY 12 2014

FOR SECRETARY OF STATE USE ONLY

BY 1745

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 M Woodward 5/7/14
 Signature of Officer or Authorized Representative Date

DAVID M WOODWARD
 Print or Type Name of Officer or Authorized Representative