



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. 44965		2. Exact name of the Corporation WOODLAND VALLEY CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CONDOMINIUM MANAGEMENT			
5. Principal office address 1 VALLEY LANE		City PORTSMOUTH		State RI	Zip 02871
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name WALTER E. CHASE		Vice-President Name ANTHONY J. AGOSTINELLI			
Street Address 54 VALLEY LANE		Street Address 62 VALLEY LANE			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name LINDA MC KAY		Treasurer Name WILLIAM A. HANLON			
Street Address 61 VALLLY LANE		Street Address 13 VALLEY LANE			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name WALTER E. CHASE		Director Name ANTHONY J. AGOSTINELLI			
Street Address 54 VALLEY LANE		Street Address 62 VALLEY LANE			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name LINDA MC KAY		Director Name WILLIAM A. HANLON			
Street Address 61 VALLEY LANE		Street Address 13 VALLEY LANE			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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: _____

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FILED

MAY 21 2014

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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.

William A. Hanlon
Signature of Officer or Authorized Representative

5/19/14

Date

WILLIAM A. HANLON, TREASURER

Print or Type Name of Officer or Authorized Representative