

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

. Entity ID No.	2. Exact name of the Corporation						
14965	WOODL	WOODLAND VALLEY CONDOMINIUM ASSOCIATION, INC.					
. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
I	CONDO	MINIUM MANAGE	EMENT				
Principal office address VALLEY LANE			City PORTSMOUTH	State Ri	Zip <b>0287</b> 1		
				N	0201		
LIST ALL OFFICERS (N.	AMES AND ADDR	RESSES) ("X" BOX FO					
esident Name ALTER E. CHASE			Vice-President Name ANTHONY J. AGOSTINELLI				
reet Address			Street Address	State   Z			
4 VALLEY LANE			62 VALLEY LANE				
ty ODTOMOUTH	State	Zip   <b>02871</b>	City	1	Zip <b>02871</b>		
ORTSMOUTH	Ri	U28/1	PORTSMOUTH	KI	U28/1		
ecretary Name INDA MC KAY			Treasurer Name WILLIAM A. HANLON				
treet Address	<del></del>		Street Address				
1 VALLLY LANE			13 VALLEY LANE				
ity	State	Zip	City	State	Zip		
ORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871		
("X" BOX FOR ATTACHI irector Name		PRESSES). RHODE IS	Director Name		THREE (3)		
VALTER E. CHASE		<u> </u>	ANTHONY J. AGOSTII	YELLI			
treet Address 4 VALLEY LANE			Street Address 62 VALLEY LANE				
ity	State <b>RI</b>	Zip <b>02871</b>	City PORTSMOUTH	State RI	Zip <b>02871</b>		
PORTSMOUTH		1	Director Name WILLIAM A. HANLON		<u>'</u>		
irector Name			Street Address				
			13 VALLEY LANE				
INDA MC KAY reet Address 1 VALLEY LANE	State	Zip	13 VALLEY LANE	State	Zip		
INDA MC KAY reet Address 1 VALLEY LANE	State RI	Zip <b>02871</b>		State <b>RI</b>	Zip <b>02871</b>		
irector Name INDA MC KAY treet Address	RI	1 '	City	l l	4 '		
rector Name INDA MC KAY reet Address 1 VALLEY LANE ty ORTSMOUTH REGISTERED AGENT IN	RI RHODE ISLAND	02871	City	RI	4 '		

File Date	FILED Under penalty of perjury, I declare a this report, including any accompar and that all statements contained his		nying schedules and statements,	
Check No	MAY 2 1 2014	Welliam OHaulon	5/19/14	
Ву:	2815	Signature of Officer or Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY		WILLIAM A. HANLON, TREASURER		

Print or Type Name of Officer or Authorized Representative