



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. 9966		2. Exact name of the Corporation The Village at Wordens Pond Homeowners Assoc. 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 S. Kingstown	State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Victoria Clare			Vice-President Name Bruce Fromm		
Street Address 171 Little Pond Road			Street Address 395 Leisure Drive		
City S. Kingstown	State RI	Zip 02879	City S. Kingstown	State RI	Zip 02879
Secretary Name Pauline Rattey			Treasurer Name Ruth Fiddes		
Street Address 414 Leisure Drive			Street Address 411 Leisure Drive		
City S. Kingstown	State RI	Zip 02879	City S. Kingstown	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 type="checkbox"/>					
Director Name Lois Keenan			Director Name Eileen Ullrich		
Street Address 355 Leisure Drive			Street Address 427 Leisure Drive		
City S. Kingstown	State RI	Zip 02879	City S. Kingstown	State RI	Zip 02879
Director Name Patrick Noonan			Director Name		
Street Address 180 Little Pond Road			Street Address		
City S. Kingstown	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 _____ **FILED**
 Check No _____
 By: _____ **MAY 21 2014**
FOR SECRETARY OF STATE USE ONLY **817**

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.

Victoria L. Clare **05/20/2014**
 Signature of Officer or Authorized Representative Date

Victoria L. Clare, President
 Print or Type Name of Officer or Authorized Representative