



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000030467

2. Name of Corporation WOOD ESTATES RESIDENTS ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 643

City or Town: COVENTRY State: RI Zip: 02816 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SOCIAL, NEIGHBORHOOD PROMOTION, NEIGHBORHOOD ASSOCIATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SUSAN C STEPHEN	15 APPLE BLOSSOM LANE COVENTRY, RI 02816 USA
SECRETARY	ROSEMARY CARDOSA WEST	42 WISTERIA DR. COVENTRY, RI 02816 USA
PRESIDENT	ALAN HOLLENBECK	9 JACK PINE ROAD

		COVENTRY, RI 02816 USA
VICE PRESIDENT	JOHN WEST	5 CIRCLEWOOD DR. COVENTRY , RI 02816 USA
DIRECTOR	LAURIE HEBERT	83 WISTERIA DR. COVENTRY, RI 02816 USA
DIRECTOR	KARRIE WEST	5 CIRCLEWOOD DR COVENTRY, RI 02816 USA
DIRECTOR	SONIA IVES	6 RED MAPLE DR COVENTRY, RI 02816 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ALAN HOLLENBECK 9 JACK PINE ROAD COVENTRY , RI 02816

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of May, 2015 at 12:47:55 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SUSAN C. STEPHEN
Signature of Authorized Person

Form No. 631
Revised 09/07