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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 2015

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.	2. Exact name of the Corporation
000063809	**WASHINGTON VILLAGE CONDOMINIUM ASSOCIATION, INC.**
3. State of Incorporation: **RI**	4. Brief description of the character of business conducted in Rhode Island: **CONDOMINIUM ASSOCIATION**

5. Principal office address	City	State	Zip
147 FAIRWAY DRIVE	**COVENTRY**	**RI**	**02816**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
BARBARA BRANIGAN SMITH	**147 FAIRWAY DRIVE**	**COVENTRY**	**RI**	**02816**

Vice-President Name	Street Address	City	State	Zip
KRISTIN SMITH	**71 NIBLICK CIRCLE**	**COVENTRY**	**RI**	**02816**

Secretary Name	Street Address	City	State	Zip
JOAN FLANAGAN	**20 BRASSIE COURT**	**COVENTRY**	**RI**	**02816**

Treasurer Name	Street Address	City	State	Zip
ANGELA PERRY	**3 ARROWWOOD DRIVE**	**COVENTRY**	**RI**	**02816**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑

Director Name	Street Address	City	State	Zip
JOAN SEGERSON	**224 FAIRWAY DRIVE**	**COVENTRY**	**RI**	**02816**

Director Name	Street Address	City	State	Zip
JEANNE BISHOP	**54 FAIRWAY DRIVE**	**COVENTRY**	**RI**	**02816**

Director Name	Street Address	City	State	Zip
JAMES DIMAURO	**14 FAIRWAY DRIVE**	**COVENTRY**	**RI**	**02816**

Director Name	Street Address	City	State	Zip
JOSEPH PANKOWICZ	**32 FAIRWAY DRIVE**	**COVENTRY**	**RI**	**02816**

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 04 2015
BY

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.

Angela M. Perry 6/1/15
Signature of Officer or Authorized Representative Date

ANGELA M PERRY
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121540-10-1037075

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1. Entity ID No.	2. Exact name of the Corporation		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
5. Principal office address	City	State	Zip

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name **PAULETTE FURTADO**			Director Name		
Street Address **103 FAIRWAY DRIVE**			Street Address		
City **COVENTRY**	State **RI**	Zip **02816**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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.

Angela M Perry 6/1/15
Signature of Officer or Authorized Representative — Date

Angela M. Perry
Print or Type Name of Officer or Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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JUN 04 2015
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Revised: 04/2014