



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. 000114661		2. Exact name of the Corporation Woodlawn Community Development Corporation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Community Development Agency to improve the physical, economic, and communal nature of the Woodlawn Community in the City of Pawtucket to improve the quality of life.			
5. Principal office address 210 West Ave		City Pawtucket		State RI	Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Gayla Gazerro			Vice-President Name Belinda Taylor		
Street Address 210 West Ave			Street Address 1471 Elmwood Avenue		
City Pawtucket	State RI	Zip 02860	City Cranston	State RI	Zip 02905
Secretary Name Steward Shaffer			Treasurer Name Ronald Thidaudeau		
Street Address 281 Mineral Spring Avenue			Street Address 210 West Ave		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name Mark Morse			Director Name Ana Soares		
Street Address 210 West Ave.			Street Address 234 Sayles Avenue Apt2		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Maria Barros			Director Name Lynne Corry		
Street Address 61 Annie Street			Street Address 210 West Ave		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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

JUN 25 2015

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A.A.

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.

Signature of Officer or Authorized Representative

Date

6/25/2015

Gilda Ferro, Executive Director

Print or Type Name of Officer or Authorized Representative