

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.

1. Entity ID No.		2. Exact name of the Corporation					
126944	Walker F	Walker Ridge Homeowners' Association, Inc.					
3. State of Incorporation		•	usiness conducted in Rhode				
RI		Non-profit set up for the maintenance and operation of neighborhood services. Collect quarterly dues and payment of common expenses to support maintenance.					
5. Principal office address 55 Fieldstone Drive			City Coventry	State RI	Zip 02816		
8. LIST <u>ALL</u> OFFICERS (NAMES AND ADDE	RESSES) ("X" BOX FOR AT	TACHMENT)				
President Name			Vice-President Name				
Robert MacDonald			None				
Street Address			Street Address				
55 Fieldstone Drive							
City Coventry	State RI	Zip 02816	City	State	Zip		
Secretary Name	•	•	Treasurer Name	•			
None			Esam Eid				
Street Address			Street Address				
			53 Fieldstone Drive				
City	State	Zip	City	State	Zip		
			Coventry	RI	02816		
("X" BOX FOR ATTACH		PRESSES). KNODE ISLAN	Director Name	LIST NO LESS THAN	2015	OFI	
Robert MacDonald			Esam Eid			\bigcirc	
Street Address			Street Address 53 Fieldstone Drive				
55 Fieldstone Drive			53 Fieldstone Drive			-	
City	State	Zip	City	State	Zip N		
Coventry	RI	02816	Coventry	RI	02816		
Director Name			Director Name				
James Moskwa			Carolyn Gutler				
Street Address 22 Fieldstone Drive			Street Address 57 Fieldstone Drive				
City	State	Zip	City	State	Zip		
Coventry	RI	02816	Coventry	RI	02816		
B. REGISTERED AGENT I	N RHODE ISLAND		,	·····			
		e Office of the Secretary o	State. Changes require fil	ing Form 641.			
This report must be signed in Trustee	by either the Preside	ent, Vice-President, Secreta	ry, Assistant Secretary, Treas				
File Date		JUN 25 2015	this report, including a and that all statements	ny accompanying sc	hedules and stat	ements	
By:BY_Cn251656			Simplify of Officer or A	S. My///	06/23/		
EAD GEADETA BY AF A			Signature of Officer or A	umonzeu nepresentat	ive Dat	E	
FOR SECRETARY OF S	IAIE USE UNLY	1:33	Dane Kwiatkowsk	i on behalf of Ro	bert MacDona	ıld	
orm No. 631			Print or Type Name of Officer or Authorized Representative				

Form No. 631 Revised: 04/2014