



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. 126944		2. Exact name of the Corporation Walker Ridge Homeowners' Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island 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
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert MacDonald		Vice-President Name None			
Street Address 55 Fieldstone Drive		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name None		Treasurer Name Esam Eid			
Street Address		Street Address 53 Fieldstone Drive			
City	State	Zip	City Coventry	State RI	Zip 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 Robert MacDonald		Director Name Esam Eid			
Street Address 55 Fieldstone Drive		Street Address 53 Fieldstone Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name James Moskwa		Director Name Carolyn Gufler			
Street Address 22 Fieldstone Drive		Street Address 57 Fieldstone Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 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 25 2015

BY **06251656**
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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

06/23/15

Date

Dane Kwiatkowski on behalf of Robert MacDonald

Print or Type Name of Officer or Authorized Representative