



**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. <b>101729</b>		2. Exact name of the Corporation <b>WELLINGTON ON THE HARBOR CONDOMINIUM OWNERS ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>ESTABLISHMENT AND MANAGEMENT OF A CONDOMINIUM OWNERS ASSOCIATION</b>			
5. Principal office address <b>122 TOURO STREET</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>DAVID C. HURD</b> <i>Magnus Buerman</i>		Vice-President Name <b>NONE</b>			
Street Address <b>#3 KIRWINS FIFTH WARD LANE</b>		Street Address			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>MARK SZPAK</b>		Treasurer Name <b>PAT TOD</b>			
Street Address <b>#3 KIRWINS FIFTH WARD LANE</b>		Street Address <b>#3 KIRWINS FIFTH WARD LANE</b>			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>DAVID C. HURD</b>		Director Name <b>MARY JENNINGS</b>			
Street Address <b>#3 KIRWINS FIFTH WARD LANE</b>		Street Address <b># KIRWINS FIFTH WARD LANE</b>			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>MARK P. SZPAK</b>		Director Name <b>NONE</b>			
Street Address <b>#3 KIRWINS FIFTH WARD LANE</b>		Street Address			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
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**

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.

**FILED**

*Patricia Tod* 6-18-15  
 Signature of Officer or Authorized Representative Date

**DAVID C. HURD** *Patricia Tod*  
 Print or Type Name of Officer or Authorized Representative

BY *33436*