



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. 419140		2. Exact name of the Corporation Leland Point Condominiums Homeowners 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 21 Garden City Drive		City Cranston	State RI	Zip 02920	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Trevor J. Wiggins		Vice-President Name Richard Santis			
Street Address 2420 Division Road		Street Address 23 Hickory Drive			
City East Greenwich	State RI	Zip 02818	City Scituate	State RI	Zip 02857
Secretary Name Laurie Oliveira		Treasurer Name Carol Corona			
Street Address 11 Leland Point Drive		Street Address 17 Leland Point Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Trevor J. Wiggins		Director Name Carol Corona			
Street Address 2420 Division Road		Street Address 17 Leland Point Drive			
City East Greenwich	State RI	Zip 02818	City Portsmouth	State RI	Zip 02871
Director Name Richard D. Santis		Director Name			
Street Address 23 Hickory Drive		Street Address			
City Scituate	State RI	Zip 02857	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

FILED

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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

Date

Trevor J. Wiggins

Print or Type Name of Officer or Authorized Representative