



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. 98909		2. Exact name of the Corporation Westford Woods Homeowners Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Homeowners association			
5. Principal office address 90 Haggarty Hill Rd		City Saunderstown	State RI	Zip 02874	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tom Sturgeon			Vice-President Name Lisa Richard		
Street Address 37 Haggarty Hill Rd			Street Address 53 Haggarty Hill Rd		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Nancy Kavall			Treasurer Name Sandra Brennan		
Street Address 20 Jacalyn Rd			Street Address 90 Haggarty Hill Rd		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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 Tom Sturgeon			Director Name Nancy Kavall		
Street Address 37 Haggarty Hill Rd			Street Address 20 Jacalyn Rd		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Sandra Brennan			Director Name Deb Gotthelf		
Street Address 90 Haggarty Hill Rd			Street Address 91 Haggarty Hill Rd		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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: _____

FILED

JUL 08 2015

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.

BY 236 Sandra Brennan 6/30/15
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Sandra Brennan
 Print or Type Name of Officer or Authorized Representative