



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. 825598		2. Exact name of the Corporation WESTWOOD ON OLD POST ROAD CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island to govern and manage the affairs of the condominium association			
5. Principal office address 150 Eugene O'Neill Drive		City New London	State CT	Zip 06320	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lorraine Martire			Vice-President Name Mary Jane D. Caraway		
Street Address 23 Maywood Avenue			Street Address 15 Windward Drive		
City Rye Brook	State NY	Zip 10573	City Westerly	State RI	Zip 02891
Secretary Name Scott Ficarra			Treasurer Name Patricia Esposito		
Street Address 7B Coastal Court			Street Address 15 Tavern Circle		
City Westerly	State RI	Zip 02891	City Middletown	State CT	Zip 06457
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Patricia Esposito			Director Name Mary Jane D. Caraway		
Street Address 15 Tavern Circle			Street Address 15 Windward Drive		
City Middletown	State CT	Zip 06457	City Westerly	State RI	Zip 02891
Director Name Lorraine Martire			Director Name Jeffrey Dimmock		
Street Address 23 Maywood Avenue			Street Address 51 Two Brook Road		
City Rye Brook	State NY	Zip 10573	City Wethersfield	State CT	Zip 06109
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

FILED

JUL 21 2015

File Date _____

Check No _____

By: _____ BY 1602

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

7/14/15

Scott Ficarra

Print or Type Name of Officer or Authorized Representative

**WESTWOOD ON OLD POST ROAD
CONDOMINIUM ASSOCIATION**

#825598

Additional Director:

**Scott Ficarra
7B Coastal Court
Westerly, RI 02891**