



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000792983

2. Name of Corporation WICKFORD COVE CONDOMINIUM ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 3670 WEST SHORE ROAD

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE CORPORATION SHALL PROVIDE FOR THE ADMINISTRATION, OPERATION, MANAGEMENT, MAINTENANCE, PRESERVATION AND CONTROL OF THE WICKFORD COVE CONDOMINIUM ASSOCIATION, IN THE TOWN OF SOUTH KINGSTOWN, COUNTY OF WASHINGTON, STATE OF RHODE ISLAND, ESTABLISHED PURSUANT TO THE RHODE ISLAND CONDOMINIUM ACT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JILL CHIRNSIDE	54 WEST COVE DRIVE

		NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JILL CHIRNSIDE	54 WEST COVE DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JAN SHAPIN	81 WEST COVE DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	DAVID TRACY	74 WEST COVE DRIVE NORTH KINGSTOWN, RI 02852 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ARMONY INC PROPERTY MANAGEMENT 3670 WEST SHORE ROAD WARWICK , RI 02886

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 17 Day of May, 2016 at 8:15:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JILL CHIRNSIDE
Signature of Authorized Person

Form No. 631
Revised 09/07

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