RI SOS Filing Number: 201699944060 Date: 06/06/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation		
44965	WOODLAND VALLEYCONDOMINIUM ASSOCIATION, INC.		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	CONDOMINIUM MANAGEMENT		
5. Principal Office Address	City	State	Zip
1 VALLEY LANE	PORTSMOUTH	RI	02871

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name WALTER E. CHASE			Vice-President Name HENRY COLEMAN		
Street Address 54 VALLEY LANE			Street Address 34 VALLEY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name LINDA MC KAY			Treasurer Name WILLIAM A. HANLON		
Street Address 61 VALLEY LANE			Street Address 13 VALLEY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name WALTER E. CHASE			Director Name HENRY COLEMAN		
Street Address 54 VALLEY LANE			Street Address 34 VALLEY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name LINDA MC KAY			Director Name WILLIAM A. HANLON		
Street Address 61 VALLEY LANE			Street Address 13 VALLEY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
WILLIAM A. HANLON, TREASURER	JUNE 2, 2016

Signature of Officer/Authorized Representative
William A Hanlon, Treasurer SIGN HERE

FILED
JUN 06 2016
BY 3111 DS

Form No. 631
Revised: 2016
137766-14-1127526