



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

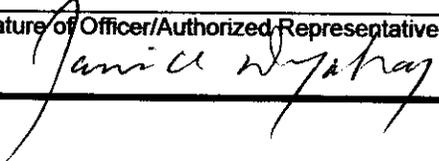
Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 29631		2. Exact name of the Corporation WATCHAUG HEIGHTS PROPERTY OWNERS ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROTECTING AND IMPROVING THE GENERAL PROPERTY VALUES OF THE MEMBERS			
5. Principal Office Address C/O JANICE NYAHAY, 39 WATCHAUG LN			City CHARLESTOWN	State RI	Zip 02813
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALICE DOWNS			Vice-President Name FRANK MEI		
Street Address 93 COTTAGE ST			Street Address 4041 CRNABROOK CT		
City NORWOOD	State MA	Zip 02062	City BLOOMFIELD HILLS	State MI	Zip 48301
Secretary Name BRENDA WOODWARD			Treasurer Name JANICE NYAHAY		
Street Address 40 WATCHAUG LN			Street Address 39 WATCHAUG LN		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TIM GILCHRIST			Director Name CAROL LAPLANTE		
Street Address 31 QUAIL LN			Street Address 30 BAYBERRY LN		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name MIKE WOODS			Director Name		
Street Address 18 BAYBERRY LN			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JANICE NYAHAY				Date 6/13/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 15 2016

BY JJH DS