



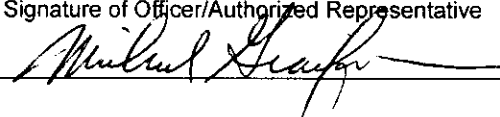
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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			
65742		Walden Woods Condominium Association, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Manage the affairs of the condominium association			
5. Principal Office Address		City	State	Zip	
181 Knight Street		Warwick	RI	02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Gianfrancesco			Vice-President Name Andrew Latzman		
Street Address 21 Beaver Creek Court			Street Address 16 Walden Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Jeremy Tung			Treasurer Name Michael Gianfrancesco		
Street Address 69 Walden Way			Street Address 21 Beaver Creek Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 Michael Gianfrancesco			Director Name Andrew Latzman		
Street Address 21 Beaver Creek Court			Street Address 16 Walden Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name Jeremy Tung			Director Name		
Street Address 69 Walden Way			Street Address		
City Cranston	State RI	Zip 02921	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 Michael Gianfrancesco, President				Date 5/28/16	
Signature of Officer/Authorized Representative 					

FILED
JUN 17 2016
BY 542540