RI SOS Filing Number: 201600981700 Date: 06/23/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 23 AM 10: 51

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	2. Exact name of the Corporation
000051722	**Wildflower Condominiums Association, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Condominium Association

5. Principal Office Address	City	State	Zip
c/o C.R.S. Mgmt 786 Oaklawn Ave	**Cranston**	**RI**	**02920**

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

President Name **Lucille Caranci**			Vice-President Name		
Street Address **13 Packard Avenue, Unit 104**			Street Address		
City **North Providence**	State **RI**	Zip **02911**	City	State	Zip
Secretary Name **Eva Zito**			Treasurer Name **Eva Zito**		
Street Address **16 Sunflower Circle**			Street Address **16 Sunflower Circle**		
City **North Providence**	State **RI**	Zip **02911**	City **North Providence**	State **RI**	Zip **02911**

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

Director Name **Lucille Caranci**			Director Name **Eva Zito**		
Street Address **13 Packard Avenue, Unit 104**			Street Address **16 Sunflower Circle**		
City **North Providence**	State **RI**	Zip **02911**	City **North Providence**	State **RI**	Zip **02911**
Director Name **Cheryl Hannifan**			Director Name **Robert McKenna**		
Street Address **48 Sunflower Circle**			Street Address **6 Iris Lane**		
City **North Providence**	State **RI**	Zip **02911**	City **North Providence**	State **RI**	Zip **02911**

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
Carlene DelNero	6-22-2016

Signature of Officer/Authorized Representative: Carlene DelNero SIGN DOCUMENT HERE

FILED

JUN 23 2016

BY 277384

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

FORM 631 - Revised: 05/2016