7 5 4 1
175
18"4
~~/

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 · · · · · · · · · · · · · · · · · · ·	~ E (1)
SECRETARY	OF STATE
CORPORAŤI	ONS DIV

2016 JUN 23 AM 10: 51

1. Ently ID Number 000051722 Wildflower Condominiums Association, Inc. 3. State of Incorporation RI								
3. State of Incorporation Rt Condom: n'um ASSICIATION 5. Principal Office Address clo C.R.S. Mgmt 786 Oaklawn Ave City Cranston Rt U2p Cranston Rt Rt U2p Cranston Rt U2p Cranston Rt Rt U2p Cranston Rt Rt U2p Cranston Rt U2p Cranston Rt Rt U2p Cranston Rt Rt U2p Cranston Rt City North Providence Street Address Street Address 13 Packard Avenue, Unit 104 City North Providence State Rt U2p 02911 City North Providence	1. Entity ID Number	2. Exact name of the Corporation						
State Ri Zip 02920 5. List ALL officers (names and addresses) Clty Cranston Ri 02920 6. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name Lucille Caranci Street Address 13 Packard Avenue, Unit 104 City North Providence State Ri Zip 02911 City North Providence State Ri Zip 02911 City North Providence City North Providence State Ri Zip 02911 City North Providence City North Providence State Ri Zip 02911 City North Providence City North Providence State Ri Zip 02911 City North Providence City North Providence Director Name Lucille Caranci Director Name Eva Zito Street Address 13 Packard Avenue, Unit 104 City North Providence City North Providence State Ri Zip 02911 City North Providence City North Providence State Ri Zip 02911 City North Providence State Ri Zip 02911 Director Name Cheryl Hannifan Director Name Cheryl Hannifan Street Address 48 Sunflower Circle City North Providence State Ri Zip 02911 Street Address 48 Sunflower Circle City North Providence State Ri Zip 02911 Street Address 48 Sunflower Circle City North Providence State Ri Zip 02911 Street Address 48 Sunflower Circle City North Providence State Ri Zip 02911 Street Address 48 Sunflower Circle City North Providence State Ri Zip 02911 Street Address 48 Sunflower Circle City North Providence State Ri Zip 02911 Street Address 48 Sunflower Circle City North Providence State Ri Zip 02911 Street Address 48 Sunflower Circle City North Providence State Ri Zip 02911 Street Address 54 Risk Ri Zip 02911 Street Address 54 Risk Ri Zip 02911 Street Address 54 Risk Risk Risk Risk Risk Risk Risk Risk	000051722	Wildflower Condominiums Association, Inc.						
5. Principal Office Address 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 Street Address 13 Packard Avenue, Unit 104 City North Providence State RI Zip 02911 City State Scretary Name Eva Zito Street Address 16 Sunflower Circle CityNorth Providence State RI Zip 02911 City North Providence State RI Zip 02911 City North Providence	3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island						
5. Principal Office Address c/o C.R.S. Mgmt 786 Oaklawn Ave Cranston Check the box to indicate an attachment President Name Lucille Caranci V/ce-President Name Street Address 13 Packard Avenue, Unit 104 City North Providence State RI Cip 02911 City North Providence CityNorth Providence State RI Cip 02911 City North Providence CityNorth Providence State RI Cip 02911 City North Providence CityNorth Providence State Ri Cip 02911 CityNorth Providence	RI	Condaniain Association						
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 City North Providence State RI Zip 02911 City State Zip 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 Street Address 13 Packard Avenue, Unit 104 City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 Director Name Eva Zito 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 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, Assistent Secretary, Tressurer, duly Authorized Representative, Receiver or Trustee. Date Carlene DelNero Signeture of Officer/Authorized Representative Carlene DelNero Signeture of Officer/Authorized Representative								
President Name Lucille Caranci Street Address 13 Packard Avenue, Unit 104 City North Providence State RI Zip 02911 City Street Address 16 Sunflower Circle CityNorth Providence State RI Zip 02911 City North Providence State RI Zip	·		Cranston	RI	02920			
Street Address Street Address State Ri Zip 02911 City State Zip Secretary Name Eva Zito Street Address 16 Sunflower Circle City North Providence State Ri Zip 02911 City North Providence State Ri Zip 02911 Treasurer Name Eva Zito Street Address 16 Sunflower Circle City North Providence State Ri Zip 02911 City North Providence State Ri Zip 02911 T. 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 Street Address 13 Packard Avenue, Unit 104 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 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, Assistent Secretary, Treasure, duly Authorized Representative, Receiver or Trustee. Date Carlene DelNero Signeture of Officer/Authorized Representative CHANALL ALL ALL LANGERS AND COLMENT HERE	6. List ALL officers (names and addresses) Check the box to indicate an attachment							
City North Providence State RI Zip 02911 City Street Address 16 Sunflower Circle Street Address 16 Sunflower Circle City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 City North Providence State RI Director Name Lucille Caranci Street Address 16 Sunflower Circle City North Providence State RI Zip 02911 City North Providence State RI City North Providence State RI Zip 02911 City North Providence State RI	President Name Lucille Caranci		Vice-President Name					
Secretary Name Eva Zito Street Address 16 Sunflower Circle City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 The compositions MUST list at least THREE directors. Check the box to indicate an attachment Director Name Lucille Caranci Street Address 13 Packard Avenue, Unit 104 City North Providence State RI Zip 02911 R. 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, Nee-President, Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee. Name of Officer/Authorized Representative Carlene DelNero Signeture of Officer/Authorized Representative Signeture of Officer/Authorized Representative	Street Address 13 Packard Avenue, Unit 104			Street Address				
Street Address 16 Sunflower Circle City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 T. 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 City North Providence State RI Zip 02911 City North Providence State RI Director Name Robert McKenna Street Address 48 Sunflower Circle City North Providence State RI Zip 02911 Street Address 6 Iris Lane 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 heroin 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 Carlene DelNero Signeture of Officer/Authorized Representative SIGN DOCUMENT HERF	^{City} North Providence	State RI	^{Zip} 02911	City	State	Zip		
City North Providence State RI Zip 02911 City North Providence The control of Providence State RI Zip 02911 City North Providence Director Name Lucille Caranci Street Address 13 Packard Avenue, Unit 104 City North Providence State RI Zip 02911 City North Providence Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 State RI Zip 0	Secretary Name Eva Zito		Treasurer Name Eva Zito					
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 Street Address 13 Packard Avenue, Unit 104 Street Address 16 Sunflower Circle City North Providence State RI Zip 02911 Director Name Cheryl Hannifan Director Name Robert McKenna Street Address 48 Sunflower Circle 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. Date Carlene DelNero Signeture of Officer/Authorized Representative Carlene DelNero	Street Address 16 Sunflower Circle		Street Address 16 Sunflower Circle					
Check the box to indicate an attachment Director Name Lucille Caranci Street Address 13 Packard Avenue, Unit 104 CityNorth Providence State RI Zip 02911 CityNorth Providence Director Name Robert McKenna Street Address 48 Sunflower Circle City North Providence State RI Zip 02911 City North Providence Street Address 6 Iris Lane City North Providence State RI Zip 02911 City North Providence Street Address 6 Iris Lane City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 Street Address 6 Iris Lane City North Providence State RI Zip 02911 State RI Zip 02911	^{City} North Providence	State RI	^{Zip} 02911	City North Providence	State RI	^{Zip} 02911		
Street Address 13 Packard Avenue, Unit 104 CityNorth Providence State RI Director Name Cheryl Hannifan Street Address 48 Sunflower Circle City North Providence State RI Director Name Robert McKenna Street Address 48 Sunflower Circle City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 Street Address 6 Iris Lane 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, Assistent Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee. Name of Officer/Authorized Representative Carlene DelNero Signeture of Officer/Authorized Representative Sign DOCUMENT HERF								
City North Providence State RI Director Name Cheryl Hannifan Director Name Robert McKenna Street Address 48 Sunflower Circle City North Providence State RI Zip 02911 State RI Zip 02911 Ander 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 Carlene DelNero Signature of Officer/Authorized Representative Sign DOCEMENT HERF	Director Name Lucille Caranci		Director Name Eva Zito					
Director Name Cheryl Hannifan Street Address 48 Sunflower Circle City North Providence State RI Zip 02911 City North Providence State RI Zip 02911 S	Street Address 13 Packard Avenue, Unit 104		Street Address 16 Sunflower Circle					
Street Address 48 Sunflower Circle City North Providence State RI State R	^{City} North Providence	State RI	^{Zip} 02911	City North Providence	State RI	^{Zip} 02911		
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, Assistent Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee. Name of Officer/Authorized Representative Carlene DelNero Signature of Officer/Authorized Representative Signature of Officer/Authorized Representative	Director Name Cheryl Hannifan		Director Name Robert McKenna					
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 Carlene DelNero Signature of Officer/Authorized Representative SIGN DOCUMENT HERE	Street Address 48 Sunflower Circle		Street Address 6 Iris Lane					
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 Carlene DelNero Signature of Officer/Authorized Representative Signature of Officer/Authorized Representative	City North Providence	State RI	^{Zip} 02911	City North Providence	State RI	^{Zip} 02911		
Statements, and that all statements contained herein are true and correct. This report must be signed by either the President, Vice-President, Secretary, Assistent Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee. Name of Officer/Authorized Representative Carlene DelNero Signature of Officer/Authorized Representative SIGN DOCUMENT HERE	8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.							
Name of Officer/Authorized Representative Carlene DelNero Signature of Officer/Authorized Representative SIGN DOCUMENT HERE								
Carlene DelNero Garlene DelNero Signeture of Officer/Authorized Representative SIGN DOCUMENT HERE								
Signature of Officer/Authorized Representative When Sign Document Here						Date JUL 2016		
W11 W1								

FILED

JUN 23 2016

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY (C >77384

FORM 631 - Revised: 05/2016