



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 23 AM 10:51

1. Entity ID Number 000051722		2. Exact name of the Corporation Wildflower Condominiums Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island <i>Condominium Association</i>			
5. Principal Office Address c/o C.R.S. Mgmt 786 Oaklawn Ave		City Cranston		State RI	Zip 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.					
<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 Carlene DelNero				Date <i>6.20.2016</i>	
Signature of Officer/Authorized Representative <i>Carlene DelNero</i>				SIGN DOCUMENT HERE	

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 *LC 277384*

FORM 631 - Revised: 05/2016