



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.

STAMP

FOR
 FILING

| | | | | | |
|--|-----------------|---|---|---------------------------|---------------------|
| 1. Entity ID Number 000092075 | | 2. Exact name of the Corporation Congdon Woods Homeowners Association, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Management of commonly owned residential property | | | |
| 5. Principal Office Address 127 Orchard Woods Drive | | | City North Kingstown | State RI | Zip 02852 |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Tom Wynsen | | | Vice-President Name Linda Riggs | | |
| Street Address 127 Orchard Woods Drive | | | Street Address 318 Orchard Woods Drive | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Chris Finley | | | Treasurer Name | | |
| Street Address 63 Orchard Woods Drive | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip |
| 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 Tom Wynsen | | | Director Name Chris Finley | | |
| Street Address 127 Orchard Woods Drive | | | Street Address 63 Orchard Woods Drive | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Director Name Linda Riggs | | | Director Name | | |
| Street Address 318 Orchard Woods Drive | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 64T. | | | | | |
| 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 THOMAS C. WYNSEN | | | | Date 01/23/2017 | |
| Signature of Officer/Authorized Representative <i>Thomas C. Wynsen</i> | | | | SIGN DOCUMENT HERE | |

FILED

FEB 03 2017

BY 294945
 A.A. 10:32AM

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