



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 ONLY

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
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 Phone: (401) 222-3040
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