



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2016**

Non-Profit Corporation

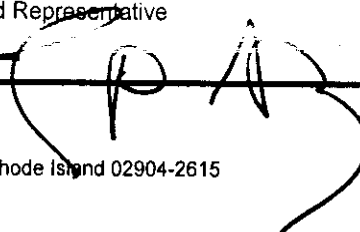
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV

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1. Entity ID Number <b>101729</b>		2. Exact name of the Corporation <b>WELLINGTON ON THE HARBOR CONDOMINIUM OWNERS ASSOCIATION, INC.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>ESTABLISHMENT AND MANAGEMENT OF A CONDOMINIUM OWNERS ASSOCIATION</b>			
5. Principal Office Address <b>122 TOURO STREET</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MAGNUS BUERMAN</b>			Vice-President Name <b>NONE</b>		
Street Address <b>2 KIRWINS FIFTH WARD LANE</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>MARK SZPAK</b>			Treasurer Name <b>PAT TOD</b>		
Street Address <b>3 KIRWINS FIFTH WARD LANE</b>			Street Address <b>3 KIRWINS FIFTH WARD LANE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MAGNUS BUERMAN</b>			Director Name <b>MARK SZPAK</b>		
Street Address <b>2 KIRWINS FIFTH WARD LANE</b>			Street Address <b>3 KIRWINS FIFTH WARD LANE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>PAT TOD</b>			Director Name <b>NONE</b>		
Street Address <b>3 KIRWINS FIFTH WARD LANE</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>MARK P. SZPAK</b>					Date <b>APRIL 4, 2017</b>
Signature of Officer/Authorized Representative 					

FILED

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