



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

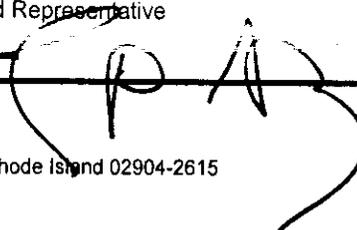
Annual Report for the year: **2016**

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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 APR 19 AM 9:59

1. Entity ID Number 101729		2. Exact name of the Corporation WELLINGTON ON THE HARBOR CONDOMINIUM OWNERS ASSOCIATION, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ESTABLISHMENT AND MANAGEMENT OF A CONDOMINIUM OWNERS ASSOCIATION			
5. Principal Office Address 122 TOURO STREET			City NEWPORT	State RI	Zip 02840
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MAGNUS BUERMAN			Vice-President Name NONE		
Street Address 2 KIRWINS FIFTH WARD LANE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name MARK SZPAK			Treasurer Name PAT TOD		
Street Address 3 KIRWINS FIFTH WARD LANE			Street Address 3 KIRWINS FIFTH WARD LANE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 MAGNUS BUERMAN			Director Name MARK SZPAK		
Street Address 2 KIRWINS FIFTH WARD LANE			Street Address 3 KIRWINS FIFTH WARD LANE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name PAT TOD			Director Name NONE		
Street Address 3 KIRWINS FIFTH WARD LANE			Street Address		
City NEWPORT	State RI	Zip 02840	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.					
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.					
<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 MARK P. SZPAK					Date APRIL 4, 2017
Signature of Officer/Authorized Representative 					

FILED

10:00 APR 19 2017
 BY Le 30/257

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