



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

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.

1. Entity ID Number 44965		2. Exact name of the Corporation Woodland Valley Condominium Association, Inc.,		
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium Management		
4. NAICS Code 813990 - Other Similar Orga				
6. Principal Office Address 1 Valley Lane		City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Walter E Chase		Vice-President Name Peter Philp		
Street Address 54 Valley Lane		Street Address 22 Valley Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
Secretary Name Henry Coleman		Treasurer Name Linda S McKay		
Street Address 34 Valley Lane		Street Address 61 Valley Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
8. 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 Walter E Chase		Director Name Peter Philp		
Street Address 54 Valley Lane		Street Address 22 Valley Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
Director Name Henry Coleman		Director Name Linda S McKay		
Street Address 34 Valley Lane		Street Address 61 Valley Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
9. 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 Linda S McKay			Date 05/31/2017	
Signature of Officer/Authorized Representative <i>Linda S McKay</i> SIGN DOCUMENT HERE				

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

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