



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000009966

2. Name of Corporation The Village at Wordens Pond Homeowners Assoc. Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

4. Corporate Address in Rhode Island

No. and Street: 434 LEISURE DRIVE

City or Town: SOUTH KINGSTOWN

State: RI

Zip: 02879

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 159 HOLIDAY COURT

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

NEGOTIATE FOR, ACQUIRE AND OPERATE A MOBILE HOME PARK ON BEHALF OF THE MEMBER RESIDENTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LIONEL E AUDET MR	159 HOLIDAY COURT SOUTH KINGSTOWN, RI 02879 USA
TREASURER	BRUCE NONE FROMM MR	395 LEISURE DRIVE SOUTH KINGSTOWN, RI 02879 USA
SECRETARY	MICKIE NONE RODWAY MRS	420 LEISURE DRIVE SOUTH KINGSTOWN, RI 02879 USA
VICE PRESIDENT	PETER NONE BOGUTT MR	45 PINE TREE LANE SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	WILLIAM NONE LACASSE MR	211 LITTLE POND ROAD SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	BARBARA NONE POTTER MRS	189 LITTLE POND ROAD SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	JACK NONE RODWAY MR	420 LEISURE DRIVE SOUTH KINGSTOWN, RI 02879 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

VICTORIA L. CLARE 14 LITTLE POND ROAD, BOX N-2 WAKEFIELD , RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2017 at 3:53:29 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LIONEL E. AUDET
Signature of Authorized Person

Form No. 631
Revised 09/07

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