



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 72188		2. Exact name of the Corporation OLONIZ WILLIE COLE LANDOWNERS ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provide for ownership and maintenance of open space property			
5. Principal office address			City	State	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DONNA D. KRUEGER-SIMMONS			Vice-President Name GRANT SIMMONS		
Street Address 89 AVONDALE RD.			Street Address 89 AVONDALE RD.		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name N.A.			Treasurer Name JANE CANNON		
Street Address			Street Address 91 AVONDALE RD.		
City	State	Zip	City WESTERLY	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NICHOLAS WOOD			Director Name BARBARA BARBONE		
Street Address 86 AVONDALE RD.			Street Address 4 CHAMPLIN DR.		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name BEATRICE LOMBARDO			Director Name DOUGLAS RYDER		
Street Address 81 AVONDALE RD.			Street Address 80 AVONDALE RD.		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUN 09 2017

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.

152 DS

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative _____ Date 6/11/17
JANE CANNON
 Print or Type Name of Officer or Authorized Representative