



**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. <b>72188</b>		2. Exact name of the Corporation <b>OLONIZ WILLIE COLE LANDOWNERS ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Provide for ownership and maintenance of open space property</b>			
5. Principal office address			City	State	Zip
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>DONNA D. KRUEGER-SIMMONS</b>			Vice-President Name <b>GRANT SIMMONS</b>		
Street Address <b>89 AVONDALE RD.</b>			Street Address <b>89 AVONDALE RD.</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>N.A.</b>			Treasurer Name <b>JANE CANNON</b>		
Street Address			Street Address <b>91 AVONDALE RD.</b>		
City	State	Zip	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
<b>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"/></b>					
Director Name <b>NICHOLAS WOOD</b>			Director Name <b>BARBARA BARBONE</b>		
Street Address <b>86 AVONDALE RD.</b>			Street Address <b>4 CHAMPLIN DR.</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>BEATRICE LOMBARDO</b>			Director Name <b>DOUGLAS RYDER</b>		
Street Address <b>81 AVONDALE RD.</b>			Street Address <b>80 AVONDALE RD.</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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