



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 905580		2. Exact name of the Corporation Whispering Pines at Deer Brook Condominiums, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 181 Knight Street			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Paul Pisano			Vice-President Name		
Street Address 66 Whispering Pines Way			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Judith Quinlan			Treasurer Name Joseph Munro		
Street Address 106 Whispering Pines Way			Street Address 74 Whispering Pines Way		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Paul Pisano			Director Name Judith Quinlan		
Street Address 66 Whispering Pines Way			Street Address 106 Whispering Pines Way		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name Joseph Munro			Director Name James Ryan		
Street Address 74 Whispering Pines Way			Street Address 120 Whispering Pines Way		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Paul Pisano, President					Date 6/12/17
Signature of Officer/Authorized Representative <i>Paul Pisano</i>					

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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