RI SOS Filing Number: 201745744820 Date: 6/16/2017 4:00:00 PM

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	2. Exact name of the Corporation
000051722	**WILDFLOWER CONDOMINIUMS ASSOCIATION, INC.**
3. State of Incorporation **RI**	5. Brief description of the character of business conducted in Rhode Island **THE MANAGEMENT OF ALL AFFAIRS OF THE WILDFLOWER CONDOMINIUMS ASSOCIATION**
4. NAICS Code 8131	

6. Principal Office Address	City	State	Zip
786 OAKLAWN AVENUE	**CRANSTON**	**RI**	**02920**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **LUCILLE CARANCI**			Vice-President Name		
Street Address **13 PACKARD AVENUE #104**			Street Address		
City **NORTH PROVIDENCE**	State **RI**	Zip **02911**	City	State	Zip
Secretary Name			Treasurer Name **EVA ZITO**		
Street Address			Street Address **16 SUNFLOWER CIRCLE**		
City	State	Zip	City **NORTH PROVIDENCE**	State **RI**	Zip **02911**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **CHERYL HANNIFAN**			Director Name **EVA ZITO**		
Street Address **48 SUNFLOWER CIRCLE**			Street Address **16 SUNFLOWER CIRCLE**		
City **NORTH PROVIDENCE**	State **RI**	Zip **02911**	City **NORTH PROVIDENCE**	State **RI**	Zip **02911**
Director Name **LUCILLE CARANCI**			Director Name		
Street Address **13 PACKARD AVENUE #104**			Street Address		
City **NORTH PROVIDENCE**	State **RI**	Zip **02911**	City	State	Zip

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.

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

Name of Officer/Authorized Representative	Date
Carline DeNero	6/13/17

Signature of Officer/Authorized Representative
Carline DeNero

FILED
JUN 16 2017
BY

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

FORM 631 - Revised: 05/2017