



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<br><b>98909</b>  |                 | 2. Exact name of the Corporation<br><b>Westford Woods Homeowners Association</b>   |   |                             |                    |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>A homeowners association to insure that all pertinent rules, covenants, and restrictions are followed by the various owners.</b> |   |                             |                    |
| 4. NAICS Code<br><b>813910 - Business Association</b>  |                 |  |   |                             |                    |
| 6. Principal Office Address<br><b>20 Jacalyn Road</b>  |                 | City<br><b>Saunderstown</b>  |   | State<br><b>RI</b>          | Zip<br><b>0287</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                             |                    |
| President Name <b>Paul F. Jacobs</b>   |                 |  | Vice-President Name <b>Lisa Richards</b>    |                             |                    |
| Street Address <b>20 Jacalyn Road</b>  |                 |  | Street Address <b>53 Haggarty Hill Road</b> |                             |                    |
| City <b>Saunderstown</b>   | State <b>RI</b> | Zip <b>02874</b>   | City <b>Saunderstown</b>                    | State <b>RI</b>             | Zip <b>02874</b>   |
| Secretary Name <b>Nancy G. Kaul</b>  |                 |  | Treasurer Name <b>Sandra Brennan</b>        |                             |                    |
| Street Address <b>20 Jacalyn Road</b>  |                 |  | Street Address <b>90 Haggarty Hill Road</b> |                             |                    |
| City <b>Saunderstown</b>   | State <b>RI</b> | Zip <b>02874</b>   | City <b>Saunderstown</b>                    | State <b>RI</b>             | Zip <b>02874</b>   |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |   |                             |                    |
| Director Name <b>Paul Jacobs</b>   |                 |  | Director Name <b>Lisa Richards</b>          |                             |                    |
| Street Address <b>20 Jacalyn Road</b>  |                 |  | Street Address <b>5 Haggarty Hill Road</b>  |                             |                    |
| City <b>Saunderstown</b>   | State <b>RI</b> | Zip <b>02874</b>   | City <b>Saunderstown</b>                    | State <b>RI</b>             | Zip <b>02874</b>   |
| Director Name <b>Nancy G. Kaul</b>   |                 |  | Director Name <b>Sandra Brennan</b>         |                             |                    |
| Street Address <b>20 Jacalyn Road</b>  |                 |  | Street Address <b>90 Haggarty Hill Road</b> |                             |                    |
| City <b>Saunderstown</b>   | State <b>RI</b> | Zip <b>02874</b>   | City <b>Saunderstown</b>                    | State <b>RI</b>             | Zip <b>02874</b>   |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                 |  |   |                             |                    |
| <b>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.</b>        |                 |  |   |                             |                    |
| <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<br><b>Paul F. Jacobs</b>   |                 |  |   | Date<br><b>28 June 2017</b> |                    |
| Signature of Officer/Authorized Representative<br><i>Paul Francis Jacobs</i> <b>FILED</b>  |                 |  |   |                             |                    |

## MAIL TO:

Division of Business Services

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