



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

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

FILED
 JUL 03 2017
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