



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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.

FILED
 JUN 07 2018
 BY 6755

1. Entity ID Number 000063809		2. Exact name of the Corporation Washington Village Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION			
4. NAICS Code 813990 - Other Similar Orgar <input type="checkbox"/>					
6. Principal Office Address 147 FAIRWAY DRIVE		City COVENTRY	State RI	Zip 02816	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name BARBARA SMITH			Vice-President Name JOYCE ANDERLE		
Street Address 147 FAIRWAY DRIVE			Street Address 37 NIBLICK CIRCLE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name JOAN FLANAGAN			Treasurer Name ANGELA PERRY		
Street Address 20 BRASSIE COURT			Street Address 135 FAIRWAY DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 JEANNE BISHOP			Director Name JOSEPH PANKOWICZ		
Street Address 54 FAIRWAY DRIVE			Street Address 32 FAIRWAY DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name PAULETTE FURTADO			Director Name SANDRA MARCHAND		
Street Address 103 FAIRWAY DRIVE			Street Address 12 FAIRWAY DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 ANGELA M PERRY / TREASURER				Date 6/01/18	
Signature of Officer/Authorized Representative <i>Angela M. Perry</i> SIGN DOCUMENT HERE					