

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_	6155

1. Entity ID Number	2. Exact name o	f the Corporation					
000063809	Washington Village Condominium Association, Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	CONDOMINIUM ASSOCIATION						
4. NAICS Code							
813990 - Other Similar Orgar ▼							
6. Principal Office Address			City	State	Zip		
147 FAIRWAY DRIVE			COVENTRY	RI	02816		
7. List ALL officers (names and add	lresses)			Check the box to indi	cate an attachment		
President Name BARBARA SMITH			Vice-President Name JOYCE ANDERLE				
Street Address 147 FAIRWAY DRIV	E		Street Address 37 NIBLICK CIRCLE				
Crty COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816		
Secretary Name JOAN FLANAGAN	I	1	Treasurer Name ANGELA PERRY				
Street Address 20 BRASSIE COUR			Street Address 135 FAIRWAY DRIVE				
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816		
8. List ALL directors (names and ad	ı idresses). Ri Corp	porations MUST I	ist at least THREE directors.	1			
			Town No.	Check the box to indi	cate an attachment		
Director Name JEANNE BISHOP			Director Name JOSEPH PANKOWICZ				
Street Address 54 FAIRWAY DRIVE	Ē		Street Address 32 FAIRWAY DRIVE				
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816		
Director Name PAULETTE FURTA	DO	•	Director Name SANDRA MARCHAND				
Street Address 103 FAIRWAY DRIV	'E		Street Address 12 FAIRWAY DRIVE				
City COVENTRY	State RI	Z _{IP} 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.							
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 Repres			Date				
ANGELA M PERRY / TREASU	<u> </u>	6/01/18					
Signature of Officer/Authorized Representative Gugla M. Cerry SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov