



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.

1. Entity ID Number 000065742		2. Exact name of the Corporation Walden Woods Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs on the condominium association.			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 181 Knight Street			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher Welch			Vice-President Name Robert Vala		
Street Address 57 Walden Way			Street Address 69 Walden Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Michael Dusseault			Treasurer Name Michael Dusseault		
Street Address 65 Walden Way			Street Address 65 Walden Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Christopher Welch			Director Name Michael Dusseault		
Street Address 57 Walden Way			Street Address 65 Walden Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name Robert Vala			Director Name		
Street Address 69 Walden Way			Street Address		
City Cranston	State RI	Zip 02921	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.					
<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 Christopher Welch, President					Date
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

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

JUN 21 2018
BY 1140 DS