

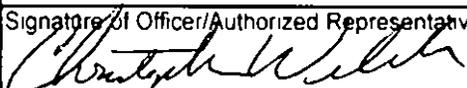


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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
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