



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 000419140		2. Exact name of the Corporation LELAND POINT CONDOMINIUMS HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 531390					
6. Principal Office Address 138 Atwells Avenue			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Trevor J. Wiggins			Vice-President Name Alexander Baratz		
Street Address 2420 Division Road			Street Address 20 Leland Point Drive		
City East Greenwich	State RI	Zip 02818	City Portsmouth	State RI	Zip 02871
Secretary Name Ambra Sitgraves			Treasurer Name Richard D. Santis		
Street Address 17 Leland Point Drive			Street Address 23 Hickory Drive		
City Portsmouth	State RI	Zip 02871	City North Scituate	State RI	Zip 02857
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 Trevor J. Wiggins			Director Name Alexander Baratz		
Street Address 2420 Division Road			Street Address 20 Leland Point Drive		
City East Greenwich	State RI	Zip 02818	City Portsmouth	State RI	Zip 02871
Director Name Ambra Sitgraves			Director Name		
Street Address 17 Leland Point Drive			Street Address		
City Portsmouth	State RI	Zip 02871	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Trevor J. Wiggins				Date 6/18/18	
Signature of Officer/Authorized Representative 				FILED JUN 25 2018 BY [Signature] 1125	

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 JUN 25 AM 11:25

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov