



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

Annual Report for the year: **2019**

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

APR 18 2019

BY 134 DS

1. Entity ID Number 000081204		2. Exact name of the Corporation WICKFORD HIGHLANDS HOMEOWNER ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON-PROFIT HOMEOWNERS ASSOCIATION			
4. NAICS Code 813990					
6. Principal Office Address 6 WESTRIDGE COURT		City NORTH KINGSTOWN		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MICHAEL OBARA			Vice-President Name JAMES MALACHOWSKI		
Street Address 374 WICKHAM ROAD			Street Address 22 WICKHAM ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name CHRISTOPHER JOY			Treasurer Name JAMES R GANUNG		
Street Address 164 WICKHAM ROAD			Street Address 6 WESTRIDGE COURT		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name ALLISON DONOVAN			Director Name JAMES MALACHOWSKI		
Street Address 136 EASTWICK ROAD			Street Address 22 WICKHAM ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name JAMES R GANUNG			Director Name JEFFERY COOK		
Street Address 6 WESTRIDGE COURT			Street Address 42 WICKHAM ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 Representative JAMES R GANUNG TREASURER, WICKFORD HIGHLANDS HOMEOWNERS ASSOC.					Date 04/15/2019
Signature of Officer/Authorized Representative <i>James R Ganung</i> 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