



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

FILED

Annual Report for the year:

Non-Profit Corporation - 2019

MAY 20 2019

BY 3572 OS

- 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 30648 | | 2. Exact name of the Corporation WORDENS POND HOMEOWNERS' ASSOCIATION, Inc | | | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island FINANCIAL BUSINESS SOCIAL & ENVIORMENTAL ACTIVITIES | | | |
| 4. NAICS Code 813312 | | | | | |
| 6. Principal Office Address 8 SHADBUSH ROAD | | | City WAKEFIELD | State RI | Zip 02879 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DAVID FESTA | | | Vice-President Name ALICE McINTYRE | | |
| Street Address 47 SABBATIA TRAIL | | | Street Address 2 WOODSIA TRAIL | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| Secretary Name SUSAN BOLAND | | | Treasurer Name RICHARD DURANT | | |
| Street Address 56 SABBATIA TRAIL | | | Street Address 8 SHADAVSH ROAD | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| 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 LYNN MAIONE | | | Director Name ERIC NEFF | | |
| Street Address 11 WOODSIA TRAIL | | | Street Address 4 WOODSIA TRAIL | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| Director Name WALTER BROWN | | | Director Name | | |
| Street Address 68 SHADBUSH ROAD | | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | 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 RICHARD J. DURANT | | | | | Date 5/15/19 |
| Signature of Officer/Authorized Representative <i>Richard J. Durant</i> | | | | | SIGN DOCUMENT HERE |

MAIL TO:
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 Website: www.sos.ri.gov