



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.

FILED

JUN 05 2019

1198

BY

1. Entity ID Number 9966		2. Exact name of the Corporation The Village at Worden's Pond Homeowner's Associatic			
3. State of Incorporation Rhod Island		5. Brief description of the character of business conducted in Rhode Island To hold events for the Senior Citizens.			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 14 Little Pond 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 Jack Rodway			Vice-President Name Carlton Steere		
Street Address 420 Leisure Drive			Street Address 45 Little Pond Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mickie Rodway			Treasurer Name Brenda Lafazia		
Street Address 420 Leisure Drive			Street Address 17 Healey Brook Court		
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 Bob Piatek			Director Name Barbara Potter		
Street Address 315 Leisure Drive			Street Address 189 Little Pond Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Louise Beaufort			Director Name NONE		
Street Address 305 Leisure Drive			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.					
<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 Jack Rodway					Date 5-10-2019
Signature of Officer/Authorized Representative <i>Jack Rodway</i>					