



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

Annual Report for the year:

Non-Profit Corporation

2019

- 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 24 2019

BY 112 OS

1. Entity ID Number 001686596		2. Exact name of the Corporation The Women's Club of the Village at Warden's Pond			
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island A Social and Charitable Organization for Women Homeowner's Association			
4. NAICS Code 813319					
6. Principal Office Address 337 Leisure Drive			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 Linda Blanchette			Vice-President Name Bonnie Boshold		
Street Address 84 pitch pine place			Street Address 291 Leisure Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Shereen Williams			Treasurer Name Suzanne Burman		
Street Address 50 pine tree lane			Street Address 337 Leisure Drive		
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 Linda Blanchette			Director Name Shereen Williams		
Street Address 84 pitch pine place			Street Address 50 pine tree lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Bonnie Boshold			Director Name Suzanne Burman		
Street Address 291 Leisure Drive			Street Address 337 Leisure Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Suzanne J Burman				Date 6/20/17 5/23/19	
Signature of Officer/Authorized Representative Suzanne J Burman				SIGN DOCUMENT HERE	