



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

DU STAMP

JUN 24 2019

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1. Entity ID Number 000156846		2. Exact name of the Corporation Southwinds Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 181 Knight Street		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kelly Regan			Vice-President Name Fred Slaiger		
Street Address 143 Southwinds Drive			Street Address 103 Southwinds Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Roberta Grundy			Treasurer Name William Bombard		
Street Address 67 Southwinds Drive			Street Address 147 Southwinds Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	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 Kelly Regan			Director Name Fred Slaiger		
Street Address 143 Southwinds Drive			Street Address 103 Southwinds Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Director Name Roberta Grundy			Director Name William Bombard		
Street Address 67 Southwinds Drive			Street Address 147 Southwinds Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	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.					
<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 Kelly Regan, President				Date	
Signature of Officer/Authorized Representative <i>Kelly Regan, President</i>				SIGN DOCUMENT HERE	

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