



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
 JUN 28 2019
 BY USLOS

1. Entity ID Number 000113677		2. Exact name of the Corporation Willett Gardens Condominiums 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 Lisa Principe			Vice-President Name Robin O'Malley		
Street Address 153 Willett Avenue, #7			Street Address 151 Willett Avenue, #4		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Sarah E. Oberg			Treasurer Name Lisa Principe		
Street Address 153 Willett Avenue, #10			Street Address 153 Willett Avenue, #7		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
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 Lisa Principe			Director Name Robin O'Malley		
Street Address 153 Willett Avenue, #7			Street Address 151 Willett Avenue, #4		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Sarah E. Oberg			Director Name		
Street Address 153 Willett Avenue, #10			Street Address		
City Riverside	State RI	Zip 02915	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 Lisa Principe, President					Date
Signature of Officer/Authorized Representative 					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