



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.

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SECRETARY OF STATE
CORPORATIONS DIV
2019 JUL -1 PM 12:16

1. Entity ID Number <u>000123034</u>		2. Exact name of the Corporation <u>THE WESTERN CONDOMINIUMS CONDOMINIUM ASSOCIATION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>CONDOMINIUM ASSOCIATION</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>572 Smithfield Rd</u>		City <u>N. Providence</u>	State <u>RI</u>
			Zip <u>02904</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JASON LEONE</u>		Vice-President Name <u>JAMES REO</u>	
Street Address <u>572 Smithfield Rd #4</u>		Street Address <u>572 Smithfield Rd #10</u>	
City <u>N. PROV</u>	State <u>RI</u>	City <u>N. PROV</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Secretary Name <u>DEREK BROZAN</u>		Treasurer Name <u>ALISSA STUCKEY</u>	
Street Address <u>572 Smithfield Rd #9</u>		Street Address <u>572 Smithfield Rd #12</u>	
City <u>N. PROV</u>	State <u>RI</u>	City <u>N. PROV</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
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 <u>JASON LEONE</u>		Director Name <u>JAMES REO</u>	
Street Address <u>572 Smithfield Rd #4</u>		Street Address <u>572 Smithfield Rd #10</u>	
City <u>N. PROV</u>	State <u>RI</u>	City <u>N. PROV</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Director Name <u>ALISSA STUCKEY</u>		Director Name	
Street Address <u>572 Smithfield Rd #12</u>		Street Address	
City <u>N. PROV</u>	State <u>R</u>	City	State
Zip <u>02904</u>		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>ALISSA STUCKEY, TREASURER, EXECUTIVE BOARD MEMBER</u>			Date <u>6/25/19</u>
Signature of Officer/Authorized Representative 			

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BY WWV9M

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