RI SOS Filing Number: 201900782520 Date: 7/1/2019 12:16:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual I	Report for	the	year:
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Non-Profit Corporation

2. Exact name of the Corporation

- -> Filing period. June 1 June 30
- → Filing Fee: \$20.00

1. Entity ID Number

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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090/23034	THE WESTERY CONDIMINIUMS CONDUMINIUM ASSOCIATION							
3 State of Incorporation R 4. NAICS Code F13990	5. Brief description of the character of business conducted in Rhode Island Conton In Ium. ASSOCIATION							
6 Principal Office Address 572 Smith Fick Rd			D. Pronces	æ	State R	Zip		
7. List ALL officers (names and ad	dresses)			Che	ck the box to indi	cate an attachment		
President Name JASOW LXCIX			Vice-President Name JAMES REU					
Street Address Smith Field Ad A H			Street Address 57 Sm HhHdd Rd #10					
City N. PRUV	State	Zip 0+904	City N-PROV		State /	Zip 02904		
Secretary Name DEREK BROZEAN			Treasurer Name ALISSA STUCKEY					
Street Address 572 SmHh Field Rd +9			Street Address 572 SMHN FIELD RULL					
City Prov	State	Zip 02904	City N. Fra		State R/			
8. List ALL directors (names and a	ddresses), RI Corp	porations MUST li	st at least THREE directo		ck the box to indi	cate an attachment		
Director Name TASOW LEONE			Director Name JAMES REO					
Street Address 572 Smithtield Rd-44			Street Address 572 Sm Hh FRH Rd # 10					
City N. Prov	State	ZIP02904	City N. Prov		State R/	Zip or sory		
Director Name AUSSA STUCKEY			Director Name					
Street Address Sm 4h fred Rd 4/2			Street Address					
City N.PROV	State	Zip 1904	City		State	Zıp		
9. Registered Agent in Rhode Islan	nd. This information i	is currently of record	I in the Department of State.	Changes red	uire filing Form 6	i41.		
Under penalty of perjury, I decla statements, and that all stateme	re and affirm that ents contained he	l have examined rein are true and	d this report, including a correct.	any accom	oanying sched	lules and		
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant Se	cretary, Treasurer, duly Authorize	ed Representa	tive, Receiver or Tr	ıstee		
Name of Officer/Authorized Repre	Ken, Re	ASLACK 1	Ecceding Busine	S Husten	Date	5/15		
Signature of Officer/Authorized Re	presentative		FILED		, ,	/		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov JUL 0 1 2019

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