



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

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

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.

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

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

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