



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUL -1 PM 12:14

Annual Report for the year: 2018
 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.

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 - CONDO OFFICE		City NORTH 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 LEONJE		Vice-President Name JAMES REO			
Street Address 572 Smithfield Rd Unit 4		Street Address 572 Smithfield Rd Unit 10			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name DEREK BRAZEAU		Treasurer Name ALISSA STUCKEY			
Street Address 572 Smithfield Rd Unit 9		Street Address 572 Smithfield Rd Unit 12			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	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 LEONJE		Director Name JAMES REO			
Street Address 572 SMITHFIELD RD UNIT 4		Street Address 572 SMITHFIELD RD UNIT 10			
City N. Prov	State RI	Zip 02904	City N. Prov	State RI	Zip 02904
Director Name ALISSA STUCKEY		Director Name			
Street Address 572 Smithfield Rd Unit 12		Street Address			
City N. Prov	State RI	Zip 02904	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 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

JUL 01 2019
 BY WWV9M 12:15