



RI SOS Filing Number: 201905594290 Date: 7/19/2019 4:00:00 PM

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

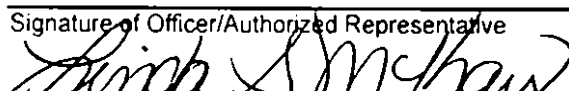
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUL 19 2019

STAMP

3256

1. Entity ID Number 000044965		2. Exact name of the Corporation Woodland Valley Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM MANAGEMENT			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 1 VALLEY LANE		City PORTSMOUTH		State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WALTER E CHASE			Vice-President Name PETER PHILP		
Street Address 54 VALLEY LANE			Street Address 22 VALLEY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name HENRY COLEMAN			Treasurer Name LINDA S MCKAY		
Street Address 34 VALLEY LANE			Street Address 61 VALLEY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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 WALTER E CHASE			Director Name PETER PHILP		
Street Address 54 VALLEY LANE			Street Address 22 VALLEY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name HENRY COLEMAN			Director Name LINDA S MCKAY		
Street Address 34 VALLEY LANE			Street Address 61 VALLEY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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 LINDA S MCKAY				Date 07/12/2019	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov