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

2019 SEP 10 A 9:41

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.

1. Entity ID Number 1341019		2. Exact name of the Corporation WAYFIELD CONDOMINIUMS 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 46 TAFT AVENUE		City PROVIDENCE	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NICOLE MINEO			Vice-President Name FRED MUELLER		
Street Address 46 TAFT AVENUE			Street Address 50 TAFT AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name T. CHRISTINE STEVENS			Treasurer Name NICOLE MINEO		
Street Address 52 TAFT AVENUE			Street Address 46 TAFT AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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 T. CHRISTINE STEVENS			Director Name FRED MUELLER		
Street Address 52 TAFT AVENUE			Street Address 50 TAFT AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name NICOLE MINEO			Director Name		
Street Address 46 TAFT AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	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 T. CHRISTINE STEVENS				Date 9/10/19	
Signature of Officer/Authorized Representative <i>T. Christine Stevens</i>				FILED <i>e</i>	

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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