



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

Annual Report for the year:

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

JUN 05 2019

BY

1198

1. Entry ID Number 9966		2. Exact name of the Corporation The Village at Worden's Pond Homeowner's Associatic	
3. State of Incorporation Rhod Island		5. Brief description of the character of business conducted in Rhode Island To hold events for the Senior Citizens.	
4. NAICS Code 813910 - Business Assoc			
6. Principal Office Address 14 Little Pond Road		City Wakefield	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jack Rodway		Vice-President Name Carlton Steere	
Street Address 420 Leisure Drive		Street Address 45 Little Pond Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Secretary Name Mickie Rodway		Treasurer Name Brenda Lafazia	
Street Address 420 Leisure Drive		Street Address 17 Healey Brook Court	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
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 Bob Piatek		Director Name Barbara Potter	
Street Address 315 Leisure Drive		Street Address 189 Little Pond Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Director Name Louise Beaufort		Director Name NONE	
Street Address 305 Leisure Drive		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Jack Rodway			Date 5-10-2019
Signature of Officer/Authorized Representative <i>Jack Rodway</i>			

MAIL TO:

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