



RI SOS Filing Number: 202040974000 Date: 5/27/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 27 2020

BY

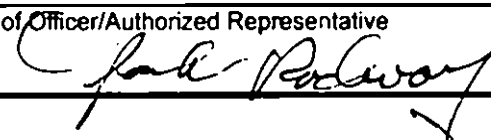
Annual Report for the year: **2020**

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 000009966		2. Exact name of the Corporation The Village at Worden's Pond Homeowners Assoc. Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To hold events for the senior residents			
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	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mickie Rodway			Treasurer Name Diane Smith		
Street Address 420 Leisure Drive			Street Address 185 Little Pond Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	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 checked="" type="checkbox"/>					
Director Name Louise Beaufort			Director Name Barbara Potter		
Street Address 305 Leisure Drive			Street Address 189 Little Pond Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Bob Piatek			Director Name		
Street Address 315 Leisure Drive			Street Address		
City Wakefield	State RI	Zip 02879	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jack Rodway/President				Date 5/21/2020	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

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