



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

FILED

MAY 27 2020

BY

1349
 [Signature]

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 <input type="checkbox"/>					
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:
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 Website: www.sos.ri.gov