



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2020
 Non-Profit Corporation

2020 JUN 18 PM 1:04

- 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 000073492		2. Exact name of the Corporation WOODLAWN NEIGHBORHOOD ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE SAFETY, CLEANLINESS AND NEIGHBOR LIGHTS THROUGH NEWSLETTERS AND MEETINGS	
4. NAICS Code 813319			
6. Principal Office Address 15 NANCY ST		City PAWBUCKET	State RI Zip 02860
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name SUZANNE MAILHOT		Vice-President Name BARBARA ZDLAVESKY	
Street Address 15 NANCY ST		Street Address 123 MULBERRY STREET	
City PAWBUCKET	State RI	City PAWBUCKET	State RI Zip 02860
Secretary Name DEVISE ROBIN		Treasurer Name LARRY MONASTESSE	
Street Address 79 CAPITAL ST		Street Address 48 CAPITAL STREET	
City PAWBUCKET	State RI	City PAWBUCKET	State RI Zip 02860
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 STELLA CARROKA		Director Name JOSE DEBULLOS	
Street Address 163 GARDEN ST		Street Address 63 WALKER AVE	
City PAWBUCKET	State RI	City PAWBUCKET	State RI Zip 02860
Director Name MARY BLY		Director Name RICHARD MAILHOT	
Street Address 7 COOPER ST		Street Address 15 NANCY ST	
City PAWBUCKET	State RI	City PAWBUCKET	State RI Zip 02860
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 Suzanne Mailhot			Date 6/18/2020
Signature of Officer/Authorized Representative <i>Suzanne Mailhot</i>			SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 18 2020

BY *M. S. SCOPY*
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 ORM 631 - Revised: 06/2019