



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

FILED

JUL 08 2020

BY 2311

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. EIN/ID Number <u>030330</u>		2. Exact name of the Corporation <u>WINDSOR CONDOMINIUM ASSOCIATION, INC.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Home Owners Association - HOA</u>	
4. NAICS Code <u>531390</u>			
6. Principal Office Address <u>P.O. Box 456</u>		City <u>WESTFELLY</u>	State <u>RI</u>
		Zip <u>02891</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DAVID FARLAND</u>		Vice-President Name <u>BRIAN CAPIZANO</u>	
Street Address <u>25 SCHOOL ST. 10-SOUTH</u>		Street Address <u>23 SCHOOL ST. 10-WEST</u>	
City <u>Westfelly</u>	State <u>RI</u>	City <u>Westfelly, RI</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Secretary Name <u>CECELIA SANTANA</u>		Treasurer Name <u>JOHN STAHL</u>	
Street Address <u>23 SCHOOL ST. 12-WEST</u>		Street Address <u>23 SCHOOL ST. 9 WEST</u>	
City <u>Westfelly</u>	State <u>RI</u>	City <u>Westfelly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
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 <u>THOMAS BRUSSEAU</u>		Director Name <u>SANDI GOLD</u>	
Street Address <u>27 SCHOOL ST. 6-NORTH</u>		Street Address <u>23 SCHOOL ST. 8-SOUTH</u>	
City <u>Westfelly</u>	State <u>RI</u>	City <u>Westfelly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Director Name <u>WALTER DUGAS</u>		Director Name	
Street Address <u>4 BENEFIT ST.</u>		Street Address	
City <u>Westfelly</u>	State <u>RI</u>	City	State
Zip <u>02891</u>		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 <u>DAVID FARLAND</u>			Date <u>7/3/20</u>
Signature of Officer/Authorized Representative <u>David Farland</u>			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