



RI SOS Filing Number: 202047143940 Date: 7/30/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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2020 JUL 30 PM 3:29

1. Entity ID Number 000029655		2. Exact name of the Corporation Wayland Terrace Condominium Association, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Association	
4. NAICS Code 813990 - Other Similar Orga			
6. Principal Office Address 546 Angell Street, Box 9		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David Doiron		Vice-President Name Charles Brown	
Street Address 546 Angell Street, 5B		Street Address 546 Angell Street, 2B	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Christina Gaza		Treasurer Name Christine Doonan	
Street Address 546 Angell Street, 4B		Street Address 542 Angell Street, 2A	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 David Doiron		Director Name Christine Doonan	
Street Address 546 Angell Street, 5B		Street Address 542 Angell Street 2A	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name Ann Cerrone		Director Name Christina Gaza	
Street Address 546 Angell Street, 7B		Street Address 546 Angell Street, 4B	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 David Doiron		Date 7-28-2020	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE JUL 30 2020 	

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