



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year:

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.

2021 APR -6 AM 11:52

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1. Entity ID Number 001688750		2. Exact name of the Corporation wildberry Tenants Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To contribute to the quality of life for seniors.	
4. NAICS Code 813219			
6. Principal Office Address 95 Archambault Ave.		City West Warwick	State RI Zip 02893
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐			
President Name JANICE Pacheco		Vice-President Name Carolyn Tattrie	
Street Address 95 Archambault Ave. St #211		Street Address 95 Archambault Ave. Suite #211	
City West Warwick	State RI Zip 02893	City West Warwick	State RI Zip 02893
Secretary Name Donna Kodlinski		Treasurer Name Patricia Medeiros	
Street Address 95 Archambault Ave St #211		Street Address 95 Archambault Ave St #211	
City West Warwick	State RI Zip 02893	City West Warwick	State RI Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Janice Pacheco President		Director Name Carolyn Tattrie VP	
Street Address 95 Archambault Ave #211		Street Address 95 Archambault Ave #211	
City West Warwick	State RI Zip 02893	City West Warwick	State RI Zip 02893
Director Name Donna Kodlinski		Director Name Patricia Medeiros Treasurer	
Street Address 95 Archambault Ave #211		Street Address 95 Archambault Ave #211	
City West Warwick	State RI Zip 02893	City West Warwick	State RI Zip 02893
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Janice Pacheco Carolyn Tattrie		Date 5/30/20	
Signature of Officer/Authorized Representative Patricia Medeiros Donna Kodlinski		FILED	

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