State of Rhode Island

Department of State - Business Services Division

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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.

$45

1. Entity ID Number	2. Exact name of the Corporation
001688750	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	City	State	Zip
95 Archambault Ave.	West Warwick	RI	02893

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Janice Pacheco	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	**Treasurer Name**
Donna Kodlinski	Patricia Mederios
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	Director Name
Janice Pacheco President	Carolyn Tattrie V.P
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 Kozlinski	Director Name: Patricia Mederios 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	Date
Janice Pacheco Carolyn Tattrie	3/30/21
Signature of Officer/Authorized Representative	
Patricia Mederios Donna Kozlinski	**FILED**

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

APR 19 2021