

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.

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Department of State - Business Services Division VED
R.I. DEPT. OF STATE
BUSINESS DIV 2021 APR -6 AM 11: 52

2021 APR 19 AMII: 47

ORM 631 - Revised: 08/2020

	345									
1. Entity ID Number 00 1 6 88 7 50	2. Exact name of Wild be	the Corporation	auts Association	) <i>N</i> )						
3. State of Incorporation RI 4. NAICS Code 813219	5. Brief description of the character of business conducted in Rhode Island To CONTRIBUTE to the quality of life For Seniors,									
6 Principal Office Address 95 ARChambau	H. Aue.		city West Warwick	State T2 I	zip 02893					
7. List ALL officers (names and addresses)			Che	k the how to indicate						
President Name  Sance Pacheco			Vice-President Name CAROLUS TATTRIE							
Street Address 95 Archambault Ave. 5+211			95 Archambault Ave. Suict#211							
west warwick	State	<sup>Zig</sup> 2893	West Warruick	State	<sup>z</sup> 192893					
Secretary Name DONNA Kodlinski			Treasurer Name PATICIA Mederias							
Street Address 95 Archambault Are \$1 + 211			Street Address 95 Archambault Ave. St+211							
West WATWICK		Zig 2893	West WARWICK	State	Zip 2893					
			•		8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
8. List ALL directors (names and ad	ddresses). RI Corp	orations MUST lis		ck the box to indicate						
Director-Name Packeco	Presia									
Director-Name Packeco	Presia It Ave		Director Name  CANNIAN Tatte	ie VP H Ave =	e an attachment					
Director-Name  Janes Pacheco  Street Address  City  West Danwick	Presia	lent_	Director Name  AND YN TAHR  Street Address  CITY  CITY  CITY  CITY  COEST WARNICK	ie NP	e an attachment					
Director-Name  Janes Tocker  Street Address  City  West Dawick  Greetor Name  Lowe Kozlinsk	Presia It Ave State	1en-T #211	Director Name  AND YN Tatt R  Street Address  City  City  Director Name  Director Name  Ateleia Medical	IE NP IT AVE : State PI erios TR	e an attachment   #211  202893  Reasurer					
Director-Name  Janua Tacher  Street Address  City  West Dawick  Brector Name  Long Kozlinsk  Street Address  ARchambau	Presia It Ave State State Li H Ave	len-T #211 210 02893 #211	Director Name  AND YN Tatt R  Street Address  City  City  Director Name  Director Name  Ateleia Medical	IE NP If Ave = State PI erios Tr At Ave =	e an attachment   #211  Zig2893  Reasurer  #34					
Director-Name  Janua Pacher  Street Address  City  West Marwick  Breetor Name  Long Kozlinsk  Street Address  CIN ARChambau  CIN ARChambau  CIN ARCHAM bau	Presia It Ave State It H Ave State	Lev-T #2/1 02893 #2/1	Director Name  (ANN LYN Tatt R)  Street Address  City  Obst Umwick  Director Name  Street Address  Street Address  City	State PI erios Tr At Ave = State PI	e an attachment   #211  202893  Reasurer					
Director-Name  Street Address  City  What Marwick  Brector Name  ADMA KOZINSK  Street Address  City  City  What Warwick  9. The Registered Agent information	Presia  It Ave  State  H Ave  State  State  on of record with the	len-T # 2/1 Zip 02893 #2/1 Zip2893 e RI Department of	Director Name  CANTYN TOTHE  Street Address  City  City  Director Name  Atricia Medical  Street Address  City  City  Director Name  City  City  Chambai  City  Street Address  City	State PI  State PI  State PI  State PI  State PI  State PI  etiling Form 641.	e an attachment   #211  Zin 2893  Reasurer  494  32893					
Director-Name  Street Address  Street Address  City  West Marwick  Brector Name  ADDRESS  Street Address  City  ARChambau  City  ARChambau  City  The Registered Agent information	Presia  If Ave  State  H Ave  State  on of record with the  re and affirm that	len-T #2/1 zip 02893 #2/1 Zip 803893 e RI Department of I have examined	Director Name  CAN LYN TO HR  Street Address  City  City  Director Name  City  Street Address  City  City  City  City  City  City  Street Address  City  Cit	State PI  State PI  State PI  State PI  State PI  State PI  etiling Form 641.	e an attachment   #211  202893  Ceasurer  494  32893					
Director-Name  Janua Facilia  Street Address  City  West Marwick  Breetor Name  Johna Koz/i wst  Street Address  City  ARchambau  City  Johna Koz/i wst  9. The Registered Agent informatio  Under penalty of perjury, I declar  statements, and that all statements	Presia  If Ave  State  H Ave  State  State  on of record with the re and affirm that ants contained her	Lew-T  # 2/1  Zip 03893  # 2/1  Zip 893  e RI Department of thave examined the are true and the are true are true are true and the are true	Director Name  CAN LYN TO HR  Street Address  City  City  Director Name  City  Street Address  City  City  City  City  City  City  Street Address  City  Cit	State PI  State	e an attachment   #211  202893  Casurer  #24  \$2893  es and					
Director-Name  Janua Tacker  Street Address  City  West Marwick  Brector Name  ADDIO KOZINSK  Street Address  Street Address  Grand Agent information  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Pres  Name of Officer/Authorized Repres	Presia  It Ave  State  H Ave  State  State  on of record with the  re and affirm that  nts contained her  sident Vice-President S  sefitative	Lew-T  # 2/1  Zip 03893  # 2/1  Zip 893  e RI Department of thave examined the are true and the are true are true are true and the are true	Director Name  ANNIAN TATR  Street Address  City  Director Name  Street Address  City  Cit	State PI  State	e an attachment   #211  202893  Casurer  #24  \$2893  es and					
Director-Name  Janua Tackle  Street Address  City  West Marwick  Brector Name  John Kozlinsk  Street Address  Gibbst Warwick  9. The Registered Agent information  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Pres	Presia  It Ave  State  H Ave  State  State  on of record with the  re and affirm that  nts contained her  sident Vice-President S  sefitative	Lew-T  # 2/1  Zip 03893  # 2/1  Zip 893  e RI Department of thave examined the are true and the are true are true are true and the are true	Director Name  CAN LYN TO HR  Street Address  City  City  Director Name  City  Street Address  A FRICA DIM DOLL  City  Director Name  City  Street Address  City	State TE  State	e an attachment   #211  202893  202893  202893  202893  as and					