



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2021

JUN 14 2021 *sv*

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- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>001686596</b>		2. Exact name of the Corporation <b>The Women's Club of the Village @ Woodens Pond</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>A SOCIAL AND CHARITABLE ORGANIZATION FOR THE WOMEN HOMEOWNER'S ASSOCIATION</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>337 Leisure Drive</b>		City <b>Wakefield</b>	State <b>R.I.</b>
		Zip <b>02879</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Shereen Williams</b>		Vice-President Name <b>Bonnie Boshold</b>	
Street Address <b>50 Pine Tree Lane</b>		Street Address <b>291 Leisure Drive</b>	
City <b>Wakefield</b>	State <b>R.I.</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
Secretary Name <b>Shereen Williams</b>		Treasurer Name <b>Suzanne J Burman</b>	
Street Address <b>50 Pine Tree Lane</b>		Street Address <b>337 Leisure Drive</b>	
City <b>Wakefield</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Shereen Williams</b>		Director Name <b>Suzanne Burman</b>	
Street Address <b>saa</b>		Street Address <b>saa</b>	
City <b>saa</b>	State <b>saa</b>	City <b>saa</b>	State <b>saa</b>
Zip <b>saa</b>		Zip <b>saa</b>	
Director Name <b>Bonnie Boshold</b>		Director Name	
Street Address <b>saa</b>		Street Address	
City <b>saa</b>	State <b>saa</b>	City	State
Zip <b>saa</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Suzanne J. Burman</b>			Date <b>6/10/21</b>
Signature of Officer/Authorized Representative <i>Suzanne J Burman</i>			

MAIL TO:  
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