State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUN 23 2021
BY 1164

Annual Report for the year: 2021
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.

1. Entity ID Number	2. Exact name of the Corporation
000051722	**Wildflower Condominiums Association, Inc.**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: The management of all affairs of the Wildflower Condominium Association
4. NAICS Code: 813990 - Other Similar Or	

6. Principal Office Address	City	State	Zip
c/o CRS Management, LLC., 786 Oaklawn Avenue	Cranston	RI	02920

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

President Name: Kimberly Cybulski	Vice-President Name: CHERYL HANNIFAN
Street Address: 56A Sunflower Circle	Street Address: 48 SUNFLOWER CIRCLE
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911
Secretary Name:	Treasurer Name: Eva Zito
Street Address:	Street Address: 16 Sunflower Circle
City, State, Zip:	City: North Providence, State: RI, Zip: 02911

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Kimberly Cybulski	Director Name: CHERY HANNIFAN
Street Address: 56A Sunflower Circle	Street Address: 48 SUNFLOWER CIRCLE
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911
Director Name: Eva Zito	Director Name:
Street Address: 16 Sunflower Circle	Street Address:
City: North Providence, State: RI, Zip: 02920	City, State, Zip:

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.

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: Carlene DelNero
Date: 6/24/2021
Signature of Officer/Authorized Representative: Carlene DelNero

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

FORM 631 - Revised: 03/2019