



State of Rhode Island
Department of State - Business Services Division

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.

FILED STAMP
 JUN 28 2021
 FOR SECRETARY OF STATE USE ONLY
 BY 1349

| | | | | | |
|---|-----------------|--|------------------------|---------------------------|------------------|
| 1. Entity ID Number 001708929 | | 2. Exact name of the Corporation Westminster Place Condominium | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Condominium Association | | | |
| 4. NAICS Code 813990 - Other Similar Organiza | | | | | |
| 6. Principal Office Address N/A | | City | | State | Zip |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Jessica Wang | | Vice-President Name Ravi Shankar | | | |
| Street Address 1488 Westminster Street, unit 6 | | Street Address 1488 Westminster Street, unit 3 | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| Secretary Name Erica Cassidy | | Treasurer Name Kevin Gordon | | | |
| Street Address 1488 Westminster Street, unit 6 | | Street Address 1488 Westminster Street, unit 4 | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| 8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Jessica Wang | | Director Name Ravi Shankar | | | |
| Street Address 1488 Westminster Street, unit 6 | | Street Address 1488 Westminster Street, unit 3 | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| Director Name Erica Cassidy | | Director Name Kevin Gordon | | | |
| Street Address 1488 Westminster Street, unit 6 | | Street Address 1488 Westminster Street, unit 4 | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i> | | | | | |
| Name of Officer/Authorized Representative Tom Coucci - Authorized Representative | | | | Date 06/17/2021 | |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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