



State of Rhode Island and Providence Plantations

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.

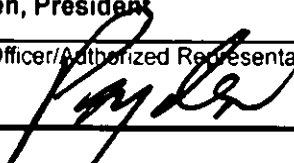
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JUL 02 2021

BY

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1. Entity ID Number 000053820		2. Exact name of the Corporation Whispering Oaks Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 181 Knight Street			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Payden			Vice-President Name		
Street Address 5570 Post Road, #1			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Martha Brough			Treasurer Name Cheryl Bolton		
Street Address 5570 Post Road, #7			Street Address 5570 Post Road, #8		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Mark Payden			Director Name Martha Brough		
Street Address 5570 Post Road, #1			Street Address 5570 Post Road, #7		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Cheryl Bolton			Director Name NONE		
Street Address 5570 Post Road, #8			Street Address		
City East Greenwich	State RI	Zip 02818	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.					
<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 Mark Payden, President					Date 6/25/21
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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