



State of Rhode Island
Department of State - Business Services Division

FILED

SEP 10 2021

STAMP

BY 302

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 98909		2. Exact name of the Corporation WEST FORD WOODS HOMEOWNERS ASSOCIATION					
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOMEOWNERS ASSOCIATION					
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>							
6. Principal Office Address 37 HAGGARTY HILL ROAD				City SAUNDERSTOWN	State RI	Zip 02874	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name: DEVIN HOUSEHOLDER				Vice-President Name: SANDRA BRENNAN			
Street Address: 105 HAGGARTY HILL ROAD				Street Address: 90 HAGGARTY HILL ROAD			
City	State	Zip	City	State	Zip		
SAUNDERSTOWN	RI	02874	SAUNDERSTOWN	RI	02874		
Secretary Name: YANNA TOW				Treasurer Name: JOHN RAINONE			
Street Address: 77 HAGGARTY HILL ROAD				Street Address: 37 HAGGARTY HILL ROAD			
City	State	Zip	City	State	Zip		
SAUNDERSTOWN	RI	02874	SAUNDERSTOWN	RI	02874		
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: DEVIN HOUSEHOLDER				Director Name: JOHN RAINONE			
Street Address: 105 HAGGARTY HILL ROAD				Street Address: 37 HAGGARTY HILL ROAD			
City	State	Zip	City	State	Zip		
SAUNDERSTOWN	RI	02874	SAUNDERSTOWN	RI	02874		
Director Name: DEBORAH GOTTHELF				Director Name: SANDRA BRENNAN			
Street Address: 91 HAGGARTY HILL ROAD				Street Address: 90 HAGGARTY HILL ROAD			
City	State	Zip	City	State	Zip		
SAUNDERSTOWN	RI	02874	SAUNDERSTOWN	RI	02874		
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 JOHN RAINONE					Date 9/6/2021		
Signature of Officer/Authorized Representative 							

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov