



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

→ Filing period February 1 - May 1

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 14 2023

BY 626

1. Entity ID Number 30354		2. Exact name of the Corporation WINNISIMET FARM ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOME OWNERS ASSOCIATION	
4. NAICS Code 813 990			
6. Principal Office Address 309 WINNISIMET DR		City TIVERTON	State RI
		Zip 02878	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DONALD GEISER		Vice-President Name NICHOLAS PALUMBO	
Street Address 74 WINNISIMET DR		Street Address 123 INDIAN PT. ROAD	
City TIVERTON	State RI	City TIVERTON	State RI
Zip 02878		Zip 02878	
Secretary Name DAVID TRUSSLER		Treasurer Name KURT MANCHESTER	
Street Address 129 WINNISIMET DR		Street Address 309 WINNISIMET DR	
City TIVERTON	State RI	City TIVERTON	State RI
Zip 02878		Zip 02878	
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 JOHN QUATROMONI		Director Name LAUREN VAUGHAT	
Street Address 17 ARROWHEAD DR		Street Address 298 WINNISIMET DR	
City TIVERTON	State RI	City TIVERTON	State RI
Zip 02878		Zip 02878	
Director Name MICHAEL SILVA		Director Name	
Street Address 246 WINNISIMET DRIVE		Street Address	
City TIVERTON	State RI	City	State
Zip 02878		Zip	
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.			
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 KURT A. MANCHESTER			Date 2/9/23
Signature of Officer/Authorized Representative Kurt A. Manchester			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov