



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ 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 813990					
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	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name DAVID TRUSSLER			Treasurer Name KURT MANCHESTER		
Street Address 129 WINNISIMET DR			Street Address 309 WINNISIMET DR		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	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 VAUGHAN		
Street Address 17 ARROWHEAD DR			Street Address 298 WINNISIMET DR		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name MICHAEL SILVIA			Director Name		
Street Address 246 WINNISIMET DRIVE			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	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 <i>Kurt A. Manchester</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov