



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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

APR 26 2023

BY 2675
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1. Entity ID Number <u>000030332</u>		2. Exact name of the Corporation <u>WINNOR CONDOMINIUM Assoc Inc.</u>	
3. State of Incorporation <u>May 1980</u>		5. Brief description of the character of business conducted in Rhode Island <u>H.O.A.</u>	
4. NAICS Code <u>531110</u>			
6. Principal Office Address <u>P.O. Box 456 25 SCHOOL ST</u>		City <u>WESTERLY</u>	State <u>RI.</u>
		Zip <u>02891</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DAVID FARLAND</u>		Vice-President Name <u>JOHN TASCA</u>	
Street Address <u>25 SCHOOL ST. 10-SOUTH</u>		Street Address <u>371 HAPPY VALLEY PL.</u>	
City <u>WESTERLY</u>	State <u>RI.</u>	City <u>WESTERLY</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Secretary Name <u>CECELIA SANTANA</u>		Treasurer Name <u>JOHN STAHL</u>	
Street Address <u>28 SCHOOL ST. 12-WEST</u>		Street Address <u>23 SCHOOL ST. 9-WEST</u>	
City <u>WESTERLY</u>	State <u>RI</u>	City <u>WESTERLY</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
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 <u>THOMAS BRUSSEAU</u>		Director Name <u>SUSAN DOWD</u>	
Street Address <u>27 SCHOOL ST. 6-NORTH</u>		Street Address <u>29 SCHOOL ST. 12-EAST</u>	
City <u>WESTERLY</u>	State <u>RI.</u>	City <u>WESTERLY</u>	State <u>RI.</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Director Name <u>SUSAN GICHAIST</u>		Director Name <u>WALTER DUGAS</u>	
Street Address <u>20 MEADOWLARK LN.</u>		Street Address <u>4 BENEFIT ST.</u>	
City <u>WESTERLY</u>	State <u>RI</u>	City <u>WESTERLY</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
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 <u>David Farland President</u>		Date <u>4-22-2023</u>	
Signature of Officer/Authorized Representative			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040