



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 30 2024

Annual Report for the year: 2024

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.

1. Entity ID Number 001658032		2. Exact name of the Corporation West Greenwich Plaza Condominiums Association, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island condominium owners association			
4. NAICS Code 813910					
6. Principal Office Address 780 Victory Highway Unit #12		City West Greenwich		State RI	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr James A. Gallo, MD			Vice-President Name John T. Howard		
Street Address 780 Victory Highway Unit #3			Street Address 424 Plain Meeting House Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State ri	Zip 02817
Secretary Name John T. Howard			Treasurer Name Holly F. Howard		
Street Address 424 Plain Meeting House Road			Street Address 4224 Plain Meeting House Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
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 Dr. James A. Gallo, MD			Director Name John T. Howard		
Street Address (Same as Above)			Street Address (same as above)		
City	State	Zip	City	State	Zip
Director Name Holly F. Howard			Director Name		
Street Address (same as above)			Street Address		
City	State	Zip	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 Holly F. Howard				Date 1/26/2024	
Signature of Officer/Authorized Representative <i>Holly F. Howard</i>					

MAIL TO:
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