



**State of Rhode Island**  
**Department of State - Business Services Division**

**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.

**FILED**

FEB 08 2024

EX

1. Entity ID Number <b>000051722</b>		2. Exact name of the Corporation <b>Wildflower Condominium Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>The management and affairs at the Wildflower Condominium Association</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>c/o CRS Management, LLC- 786 Oaklawn Ave.</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kimberly Cybulski</b>			Vice-President Name <b>Cheryl Hannifan</b>		
Street Address <b>56A Sunflower Circle</b>			Street Address <b>48 Sunflower Circle</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name			Treasurer Name <b>Eva Zito</b>		
Street Address			Street Address <b>16 Sunflower Circle</b>		
City	State	Zip	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kimberly Cybulski</b>			Director Name <b>Cheryl Hannifan</b>		
Street Address <b>56A Sunflower Circle</b>			Street Address <b>48 Sunflower Circle</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Director Name <b>Eva Zito</b>			Director Name		
Street Address <b>16 Sunflower Circle</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Carlene DelNero</b>				Date <b>2-5-24</b>	
Signature of Officer/Authorized Representative 					