

State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. <u>001660027</u>

2. Name of Corporation <u>Wood River Landing Residential Compound Property Owners</u> Association

3. State of Incorporation

State: <u>RI</u>

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

<u>813990</u>

4. Principal Office Address

No. and Street:	29 CROWTHERS PLACE
City or Town:	HOPE VALLEY

State: <u>RI</u> Zip: <u>02832</u> Country: <u>USA</u>

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO CARE FOR, MAINTAIN AND REPAIR ANY AND ALL COMMONLY OWNED PROPERTY LOCATED WITHIN THE SAID RESIDENTIAL COMPOUND INCLUDING BUT NOT LIMITED TO THAT CERTAIN ROADWAY KNOWN AS CROWTHER PLACE; TO LEVY AN ANNUAL CHARGE AND/OR SPECIAL ASSESSMENT UPON THE MEMBERS OF SAID ASSOCIATION IN ORDER TO ACCOMPLISH ITS PURPOSES; TO ACQUIRE BY GIFT, PURCHASE, OR OTHER MEANS, TO OWN, HOLD AND ENJOY, LEASE MAINTAIN, COVEY, SELL OR USE REAL OR PERSONAL PROPERTY IN

Fee: \$20.00

CONNECTION WITH THE BUSINESS OF SAID ASSOCIATION; AND FOR ALL OTHER LAWFUL PURPOSES UNDER THE RHODE ISLAND GENERAL LAWS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ERIC S BIBLER	119 WOODVILLE RD HOPE VALLEY, RI 02832 USA
TREASURER	ALEXIS HEITMAN	29 CROWTHERS PLACE HOPE VALLEY, RI 02832 USA
DIRECTOR	RENEE HEITMAN	30 CROWTHERS PLACE HOPE VALLEY, RI 02832 USA
DIRECTOR	SANDY SCHWAAB	10 CROWTHERS PLACE HOPE VALLEY, RI 02832 USA
DIRECTOR	BRYAN LEWIS	20 CROWTHERS PLACE HOPE VALLEY, RI 02832 USA
DIRECTOR	NINA ROOKS CAST	19 CROWTHERS PLACE HOPE VALLEY, RI 02832 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

VICTOR J. ORSINGER II, ESQUIRE ORSINGER NARDONE LALLO & THOMSEN 42 GRANITE STREET WESTERLY, RI 02891

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of March, 2024 at 2:28:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ERIC S. BIBLER

Signature of Authorized Person

Form No. 631 Revised 09/07

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