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**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.

1. Entity ID Number 000070309		2. Exact name of the Corporation WEST ROUND ESTATES HOME OWNERS ASSOCIATION INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island DOMESTIC NON-PROFIT HOMEOWNERS ASSOCIATION			
4. NAICS Code 813990					
6. Principal Office Address 59 ROLLINGWOOD DRIVE			City JOHNSTON	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANK LOMBARDO			Vice-President Name		
Street Address 68 ROLLINGWOOD DRIVE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 RICHARD B FISHPAW			Director Name ROBERT RUBUSSINI		
Street Address 59 ROLLINGWOOD DRIVE			Street Address 28 ROLLINGWOOD DR		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name FRANK LOMBARDO			Director Name		
Street Address 68 ROLLINGWOOD DR			Street Address		
City JOHNSTON	State RI	Zip 02919	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <i>Neil Estep</i>					Date 3/27/24
Signature of Officer/Authorized Representative					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY ML 315