

REC'D PDOS BSD  
24 MAR 17 PM 1:13:47State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2020  
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 <u>000070309</u>		2. Exact name of the Corporation <u>WESTBOND ESTATES HOMEOWNERS ASSOCIATION INC.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>DOMESTIC NON-PROFIT HOMEOWNERS ASSOCIATION</u>			
4. NAICS Code <u>813990</u>					
6. Principal Office Address <u>59 ROLLINGWOOD DRIVE</u>			City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>FRANK LOMBARDO</u>			Vice-President Name		
Street Address <u>68 ROLLINGWOOD DRIVE</u>			Street Address		
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>RICHARD S FISHPAW</u>			Director Name <u>ROBERT RUBUSSINI</u>		
Street Address <u>59 ROLLINGWOOD DRIVE</u>			Street Address <u>28 ROLLINGWOOD DR</u>		
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>
Director Name <u>FRANK LOMBARDO</u>			Director Name		
Street Address <u>68 ROLLINGWOOD DR</u>			Street Address		
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	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 <u>Neil Estep</u>					Date <u>3/27/24</u>
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.gov1:20 MAR 27 2024  
BY ML 315

FORM 631- Revised: 04/2023