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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2015
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	2. Exact name of the Corporation
000070309	WESTBOUND ESTATES HOMEOWNERS ASSOCIATION INC
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	DOMESTIC NON-PROFIT HOMEOWNERS ASSOCIATION
4. NAICS Code	
813990	

6. Principal Office Address	City	State	Zip
59 Rollingwood Drive	JOHNSTON	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
FRANK LOMBARDO	
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 ☐

Director Name	Director Name
RICHARD & MISIPAW	ROBERT RUBUSSINI
Street Address: 39 Rollingwood Drive	Street Address: 28 Rollingwood Dr
City: JOHNSTON State: RI Zip: 02919	City: JOHNSTON State: RI Zip: 02919
Director Name	**Director Name**
FRANK LOMBARDO	
Street Address	**Street Address**
68 Rollingwood Dr	
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.

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	Date
Neil Eitner	3/27/24
Signature of Officer/Authorized Representative	

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

FILED
1:15 MAR 27 2024
BY ML 315

FORM 631- Revised: 04/2023