



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

APR 18 2024

BY 42805

1. Entity ID Number <b>000030332</b>		2. Exact name of the Corporation <b>WINDSOR CONDOMINIUM ASSOCIATION INC.</b>	
3. State of Incorporation <b>MAY 1980</b>		5. Brief description of the character of business conducted in Rhode Island <b>H.O.A. HOME ASSOCIATION NON PROFIT</b>	
4. NAICS Code <b>531110</b>			
6. Principal Office Address <b>25 SCHOOL ST # 10S</b>		City <b>WESTERLY</b>	State <b>RI</b> Zip <b>02891</b>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <b>DAVID FARLAND</b>		Vice-President Name <b>JOHN TASCA</b>	
Street Address <b>25 SCHOOL ST 10S</b>		Street Address <b>37 HAPPY VALLEY RD</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b> Zip <b>02891</b>
Secretary Name <b>CECELIA SANTANA</b>		Treasurer Name <b>JOHN STAHL</b>	
Street Address <b>23 SCHOOL ST #W12</b>		Street Address <b>23 SCHOOL ST #9W</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b> Zip <b>02891</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <b>WALTER DUGAS</b>		Director Name <b>SUSAN DOWD</b>	
Street Address <b>5 BENEFIT ST</b>		Street Address <b>29 SCHOOL ST #12E</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b> Zip <b>02891</b>
Director Name <b>SUSAN GILCHRIST</b>		Director Name <b>THOMAS BRUSSEAU</b>	
Street Address <b>20 MEADOWLARK LANE</b>		Street Address <b>27 SCHOOL ST #6N</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b> Zip <b>02891</b>
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 <b>JOHN TASCA</b>			Date <b>04/11/2024</b>
Signature of Officer/Authorized Representative 			