



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 18 2024

BY [Signature] 2805

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 <b>00030332</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>53110</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>	Zip <b>02891</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>	Zip <b>02891</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>	Zip <b>02891</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 MEADOWHARK LANE</b>			Street Address <b>27 SCHOOL ST #6N</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</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 					

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