



**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 108

1. Entity ID Number 000030648	2. Exact name of the Corporation WORDENS POND HOMEOWNERS' ASSOCIATION, INC.
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island FINANCIAL, BUSINESS, SOCIAL AND ENVIRONMENTAL ACTIVITIES
4. NAICS Code 813312	

6. Principal Office Address 42 SABBATIA TRAIL	City WAKEFIELD	State RI	Zip 02879
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name LYNN MAIONE	Vice-President Name JESSE MALO
Street Address 11 WOODSIA TRAIL	Street Address 31 WOODSIA TRAIL
City WAKEFIELD State RI Zip 02879	City WAKEFIELD State RI Zip 02879

Secretary Name CHRISTOPHER SWARTZ	Treasurer Name CHERYL SWARTZ
Street Address 42 SABBATIA TRAIL	Street Address 42 SABBATIA TRAIL
City WAKEFIELD State RI Zip 02879	City WAKEFIELD State RI Zip 02879

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name ROBERT MAIONE	Director Name ERIC NEFF
Street Address 11 WOODSIA TRAIL	Street Address 4 WOODSIA TRAIL
City WAKEFIELD State RI Zip 02879	City WAKEFIELD State RI Zip 02879
Director Name WALTER BROWN	Director Name
Street Address 66 SHADBUSH ROAD	Street Address
City WAKEFIELD State RI Zip 02879	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 CHERYL SWARTZ	Date APRIL 15, 2024
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Signature of Officer/Authorized Representative