



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

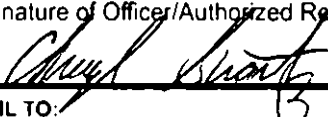
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 18 2024

BY 4108

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	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative CHERYL SWARTZ				Date APRIL 15, 2024	
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