

REC'D RI SOS ASD
24 SEP 19 PM 1:01:47State of Rhode Island
Department of State - Business Services Division

STAMP

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 000036577		2. Exact name of the Corporation The Woodland Estates Condominium Association, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation and Management of Woodland Estates Condominiums in Johnston. Title 7-6	
4. NAICS Code 813990			
6. Principal Office Address 1145 Hartford Ave		City Johnston	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Howard Coleman		Vice-President Name Kevin Shiel	
Street Address 1141 Hartford Ave, 4A		Street Address 1139 Hartford Ave, 4A	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Michael Gaweil		Treasurer Name Kevin Shiel	
Street Address 10 Chestnut Hill Ct		Street Address	
City Greenville	State RI	City	State
Zip 02919		Zip	
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 Michael Gaweil		Director Name Kevin Shiel	
Street Address 10 Chestnut Hill Ct		Street Address 1139 Hartford Ave	
City Greenville	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Howard Coleman		Director Name	
Street Address 1141 Hartford Ave, 4A		Street Address	
City Johnston	State RI	City	State
Zip 02919		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 x Kevin R. Shiel			Date 9/17/24
Signature of Officer/Authorized Representative x Kevin R. Shiel			

FILED

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

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 BY Q47HP

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