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FOR SECRETARY OF STATE INSIDE ONLY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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	2. Exact name of the Corporation
000036577	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	City	State	Zip
1145 Hartford Ave	Johnston	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
George Lazzareschi	Kevin Shiel
Street Address: 1145 Hartford Ave	Street Address: 1139 Hartford Ave, Ut 4A
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Secretary Name	**Treasurer Name**
Howard Coleman	Howard Coleman
Street Address: 1141 Hartford Ave, Ut 4A	Street Address: 1141 Hartford Ave, 4A
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919

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

Director Name	Director Name
Howard Coleman	Kevin Shiel
Street Address: 1141 Hartford Ave, Ut 4A	Street Address: 1139 Hartford Ave, 4A
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Director Name: George Lazzareschi	Director Name:
Street Address: 1145 Hartford Ave	Street Address:
City: Johnston, State: RI, Zip: 02919	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: X Kevin R. Shiel — Date: 9/17/24

Signature of Officer/Authorized Representative: X Kevin R. Shiel

FILED
SEP 19 2024
BY QATHP
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised. 12/2023