



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
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.

REC'D RIDOS BSD
24 DEC 18 AM 10:52:54

1. Entity ID Number 000070309		2. Exact name of the Corporation Westbound Estates Home Owners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Home owners association			
4. NAICS Code 813990					
6. Principal Office Address 59 Rollingwood Drive			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 Richard Fishpaw			Vice-President Name Robert Rubussini		
Street Address 59 Rollingwood Drive			Street Address 28 Rollingwood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Richard Fishpaw			Treasurer Name		
Street Address 59 Rollingwood Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	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 Richard Fishpaw			Director Name Robert Rubussini		
Street Address 59 Rollingwood Drive			Street Address 28 Rollingwood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <i>Richard Fishpaw</i>			FILED DEC 18 2024		Date <i>12/14/24</i>
Signature of Officer/Authorized Representative <i>Richard Fishpaw</i>			BY <i>KS</i>		<i>12/14/24</i>

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



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 18, 2024 10:52 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

