



State of Rhode Island  
Department of State - Business Services Division

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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.

1. Entity ID Number <b>000070309</b>		2. Exact name of the Corporation <b>Westbound Estates Home Owners Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Home owners association</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>59 Rollingwood Drive</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>Richard Fishpaw</b>			Vice-President Name <b>Robert Rubussini</b>		
Street Address <b>59 Rollingwood Drive</b>			Street Address <b>28 Rollingwood Drive</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Richard Fishpaw</b>			Treasurer Name		
Street Address <b>59 Rollingwood Drive</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <b>Richard Fishpaw</b>			Director Name <b>Robert Rubussini</b>		
Street Address <b>59 Rollingwood Drive</b>			Street Address <b>28 Rollingwood Drive</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
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.					
<b>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.</b>					
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 <b>Richard Fishpaw</b>			FILED DEC 18 2024		Date <b>12/14/24</b>
Signature of Officer/Authorized Representative <b>Richard Fishpaw</b>			BY <b>KS</b> <b>1052</b>		<b>12/14/24</b>

MAIL TO:  
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