



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

MAR 04 2025

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.

CB

BY 1301

1. Entity ID Number 001687132		2. Exact name of the Corporation Wickford Woods Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide for the administration, operating, management, maintenance, preservation and control of the Wickford Woods Condominium Association Title 7-6			
4. NAICS Code 813910					
6. Principal Office Address 273 Wickford Court			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elaine Narducci			Vice-President Name Steve Clarke		
Street Address 236 Wickford Court			Street Address 257 Wickford Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Leslie Breault			Treasurer Name Michael Orefice		
Street Address 273 Wickford Court			Street Address 83 Wickford Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Elaine Narducci			Director Name Steve Clarke		
Street Address 236 Wickford Court			Street Address 257 Wickford Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Leslie Breault			Director Name Michael Orefice		
Street Address 273 Wickford Court			Street Address 83 Wickford Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Michael Orefice				Date 2-1-25	
Signature of Officer/Authorized Representative Treasurer					

MAIL TO:

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

2025 ANNUAL REPORT

Attachment to Form 631

Wickford Woods Condominium Association
273 Wickford Court
North Kingstown, RI 02852

Entity ID: 001687132

Additional Director:

Judy Sullivan
75 Wickford Court
North Kingstown, RI 02852