



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **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.

FILED

APR 09 2025

BY 1558

1. Entity ID Number 000009966		2. Exact name of the Corporation The Village at Wordens Pond Homeowners Assoc., Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NEGOTIATE FOR, ACQUIRE AND OPERATE A MOBILE HOME PARK ON BEHALF OF THE MEMBER RESIDENTS	
4. NAICS Code 813910			
6. Principal Office Address 14 LITTLE POND RD		City SOUTH KINGSTOWN	State RI
			Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JANE SOETBEER		Vice-President Name ROBERTA FAHLMAN-BAWDEN	
Street Address 59 PINE TREE LN		Street Address 4 COMFORT LN	
City SO KINGSTOWN	State RI	City SO KINGSTOWN	State RI
	Zip 02879		Zip 02819
Secretary Name JULIE WARDERLL		Treasurer Name BETTY MORGAN	
Street Address 251 LEISURE DR		Street Address 63 PITCH PINE PL	
City SO KINGSTOWN	State RI	City SO KINGSTOWN	State RI
	Zip 02879		Zip 02879
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 DIANE SMITH		Director Name DOUG SHEPARD	
Street Address 185 LITTLE POND RD		Street Address 65 HOLIDAY CT	
City SO KINGSTOWN	State RI	City SO KINGSTOWN	State RI
	Zip 02879		Zip 02819
Director Name CHUCK MORGAN		Director Name	
Street Address 63 PITCH PINE PL		Street Address	
City SO KINGSTOWN	State RI	City	State
	Zip 02879		Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 BETTY MORGAN			Date 03/31/2025
Signature of Officer/Authorized Representative <i>Betty Morgan</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