



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

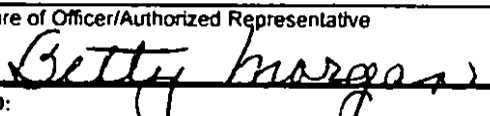
→ Filing Fee: \$20.00

→ 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 ☐					
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	Zip 02879	City SO KINGSTOWN	State RI	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	Zip 02879	City SO KINGSTOWN	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name DIANE SMITH			Director Name DOUG SHEPARD		
Street Address 185 LITTLE POND RD			Street Address 65 HOLIDAY CT		
City SO KINGSTOWN	State RI	Zip 02879	City SO KINGSTOWN	State RI	Zip 02819
Director Name CHUCK MORGAN			Director Name		
Street Address 63 PITCH PINE PL			Street Address		
City SO KINGSTOWN	State RI	Zip 02879	City	State	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 					

MAIL TO:
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