State of Rhode Island
Department of State - Business Services Division

FILED
APR 09 2025
BY 1558

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.

1. Entity ID Number	2. Exact name of the Corporation
000009966	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	City	State	Zip
14 LITTLE POND RD	SOUTH KINGSTOWN	RI	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: 02879
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: 02879
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.

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	Date
BETTY MORGAN	**03/31/2025**

Signature of Officer/Authorized Representative: Betty Morgan

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

FORM 631- Revised: 12/2023