



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000083434

**2. Name of Corporation** WESTGATE CONDOMINIUM ASSOCIATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813990

**4. Principal Office Address**

No. and Street: 754 QUAKER LANE  
City or Town: WARWICK State: RI Zip: 02818 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE MANAGEMENT OF ALL AFFAIRS OF THE WESTGATE CONDOMINIUM ASSOCIATION.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN RICE	756 QUAKER LANE A 305 WARWICK, RI 02818 USA
TREASURER	MICHAEL LOVESKY	752 QUAKER LANE C302 WARWICK, RI 02818 USA
DIRECTOR	DIANE FONTAINE	756 QUAKER LANE A309 WARWICK, RI 02818 USA
DIRECTOR	STEPHEN STAMP	51 SILVERWOOD LANE WEST WARWICK, RI 02893 USA
DIRECTOR	WILLIAM HERENDEEN	752 QUAKER LANE C203 WARWICK, RI 02818 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

FRANK A. LOMBARDI 14 BREAKNECK HILL ROAD, SUITE 203 LINCOLN , RI 02865

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 21 Day of February, 2023 at 1:21:31 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By FRANK LOMBARDI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved