

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

148 W. Rwer Street 302904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.			200.0			
1. Corporate ID No. 3 0 1 3 3	2. Name of Corporation Tock WOTTEN Cove PROPERTY OWNERS ASSOCIATION, INCORPORATED					
3. State of Incorporation	1. Corporate address in R	hode Island - Street Address	/ 333-51	City	Zip	
RHODE ISLAND	52 GRA	Soview DRIVE		CHARLESTOWN	02813	
5. Foreign corporation. Enter prin			City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name		(1 201 (01 11 11 11 11	Vice President Name			
JOHN C. MMNAUGH			GEORGE KOLLITIDES			
Street Address			Street Address			
1 GRANDUREW DRIVE			24 FRANDULLU DIZIVE			
Cuy	State R I	Zip	City	State	Zip	
CHARLESTOW. V	<u> </u>	07813	CHAMESTOWN	RI	CJ813	
Secretary Name DONALS LE PARO			Treasurer Name			
Street Address			JAMES M. PARKIN			
5 EAST ORPLOGIC TERRACE			Street Address 2 GRANDVIEW BRIVE			
City	State	02813	City	State	Zip	
CHARLASTOWN		1 0 2813	CHAMIESTOWN	<i>LI</i>	02813	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Director Name	JRS OF A DOMESTIC	C (RHODE ISLAND) C	CORPORATION SHALL NOT B Director Name	E LESS THAN THREE	(3). R.I.G.L. 7-6-23	
JOHN C. MILINAUCH			1 /			
Street Address			George Kollitiges			
			24 GRANDVIEW DRIVE			
City	State	Zip	City	State	Ζip	
CHARLESTOWN	RI	02813	CHAMIESTOWN	e I	02813	
Director Name			Director Name			
JAMES M. PARKIN			DONALD LE PARD			
Street Address			Street Address			
City State Zip			Street Address 5 EAST OVORLOOK TERRAL CHARLESTOWN State R I 02813			
CHAMECSTONN	State T-	02813	CHARLESTOWN	State 0 +	21p	
9. REGISTERED AGENT IN RHODE ISLAND						
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This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-16-09	statements contained herein are true and correct.
Check No	Signfunge of Officer Date Topin C. MINNAUCH
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer PRES IDENT
70	Title of Officer Form 631 Rev. 09/17