



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 65356		2. Name of Corporation CANONCHET HILLS INC.			
3. Street Address Principal Business Office 807 Main St.		City Hope Valley		State RI	Zip 02832
4. Business Phone No. 401-539-0050		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO DEVELOP ELDERLY RESIDENTIAL HOUSING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Linda Thorp		Vice President Name			
Street Address 8 Deerfield Drive		Street Address			
City Wyoming	State RI	Zip 02898	City	State	Zip
Secretary Name Lois Chappelle		Treasurer Name			
Street Address 805 Main Street		Street Address			
City Hope Valley	State RI	Zip 02832	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Linda Thorp		Director Name			
Street Address 8 Deerfield Drive		Street Address			
City Wyoming	State RI	Zip 02898	City	State	Zip
Director Name Lois Chappelle		Director Name			
Street Address 805 Main Street		Street Address			
City Hope Valley	State RI	Zip 02832	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares	Class/Series	Par Value	
		100	common	no par	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	2-18-2010
Check No.	102
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Linda Thorp Date: 2-15-10
Print or Type Name: Linda Thorp
Title: President