



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2011

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.

1. Corporate ID No. 000010913		2. Name of Corporation HIGHCLIFF CONDOMINIUM ASSOCIATION INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 4A QUARTZ DRIVE		City WESTERLY	Zip 02891
5. Foreign corporation. Enter principal office address			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 PENNY CRANDALL			Vice President Name ELLEN KELLY		
Street Address 4A QUARTZ DRIVE			Street Address 4B QUARTZ DRIVE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name ELLEN KELLY			Treasurer Name MICHAEL LENIHAN		
Street Address 4B QUARTZ DRIVE			Street Address 5C QUARTZ DRIVE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
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 PENNY CRANDALL			Director Name ELLEN KELLY		
Street Address 4A QUARTZ DRIVE			Street Address 4B QUARTZ DRIVE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name MICHAEL LENIHAN			Director Name		
Street Address 5C QUARTZ DRIVE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
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

000010913

FILED	
File Date	JUL 01 2011
Check No.	
By: BY	1454
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 of Officer

MICHAEL P. LENIHAN

Print or Type Name of Officer

TREASURER

Title of Officer