



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 70307		2. Exact name of the Corporation Anglesea Homeowners Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintain common areas of the Association			
5. Principal office address P.O. Box 9250		City Warwick	State RI	Zip 02889	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher D. Catucci			Vice-President Name Corinne Russo		
Street Address 70 Port Circle			Street Address 90-3 Channel View		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Christopher O. Nichols			Treasurer Name Emilio N. Colapietro		
Street Address 107-3 Channel View			Street Address 270 Channel View		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Christopher D. Catucci			Director Name Emilio N. Colapietro		
Street Address 70 Port Circle			Street Address 270 Channel View		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Teresa Bert			Director Name Christopher O. Nichols		
Street Address 106-1 Channel View			Street Address 106-3 Channel View		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 16 2012

File Date _____

Check No _____

By: _____

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.

By *MNC*
CR # 1750
Emilio N. Colapietro

7/13/2012

Signature of Officer

Date

Emilio N. Colapietro

Print or Type Name of Officer

Treasurer

Title of Officer