



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 65356		2. Exact name of the Corporation Canonchet Hills, Inc.			
3. Principal office address 807 Main Street		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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Manuel Souza			Vice-President Name		
Street Address 805 Main Street, Apt. 309			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name Harry Mathewson			Treasurer Name		
Street Address 807 Main Street, Apt. D-2			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Manuel Souza			Director Name		
Street Address 805 Main Street, Apt. 309			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Director Name Harry Mathewson			Director Name		
Street Address 807 Main Street, Apt. D-2			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.			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 _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY BY 2036

FILED

FEB 13 2014

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.

Manuel Souza 2/12/14
 Signature of Authorized Representative Date

MANUEL SOUZA
 Print or Type Name of Authorized Representative