



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 114245		2. Exact name of the Corporation Kickemuit Anchorage Homeowners' Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Community Homeowners' Association			
5. Principal office address 34 Anchorage Ct.		City Bristol	State RI	Zip 02809	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name A.J. Santoro			Vice-President Name Ed Quinn		
Street Address 30 Anchorage Ct.			Street Address 38 Anchorage Ct.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Laura Adler			Treasurer Name Kathryn Toohey		
Street Address 40 Anchorage Ct.			Street Address 34 Anchorage Ct.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 A.J. Santoro			Director Name Ed Quinn		
Street Address 30 Anchorage Ct.			Street Address 38 Anchorage Ct.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Laura Adler			Director Name Kathryn Toohey		
Street Address 40 Anchorage Ct.			Street Address 34 Anchorage Ct.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 09 2014

146

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.

Kathryn Toohey
 Signature of Officer or Authorized Representative

6/4/2014

Date

Kathryn Toohey

Print or Type Name of Officer or Authorized Representative