



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 2015

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 To manage a homeowners association.			
5. Principal office address P.O. 9250		City Warwick		State RI	Zip 02889
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher Catucci		Vice-President Name Teresa Burt			
Street Address 70 Port Circle		Street Address 106-1 Channel View			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Chris Nichols		Treasurer Name Emilio Colapietro			
Street Address 107-3 Channel View		Street Address 271 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 Corinne Russo		Director Name Christopher Catucci			
Street Address 90-3 Channel View		Street Address 70 Port Circle			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Emilio Colapietro		Director Name			
Street Address 271 Channel View		Street Address			
City Warwick	State RI	Zip 02889	City	State	Zip
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

FILED

MAY 04 2015

File Date

Check No

By:

BY

1847

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.

Emilio M. Colapietro
Signature of Officer or Authorized Representative

4/30/15

Date

FOR SECRETARY OF STATE USE ONLY

Emilio Colapietro, Treasurer

Print or Type Name of Officer or Authorized Representative