



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. 124422		2. Exact name of the Corporation Country View Citizens Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Serve as a source of information to citizens living in Country View Estates, promote community involvement and qualify for right of first refusal on the sale of Country View Estates.			
5. Principal office address 71 Blackbird Street		City Tiverton		State RI	Zip 02878-2398
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Al Affonso			Vice-President Name Betty Willis		
Street Address 71 Blackbird Street			Street Address 20 Blackbird Circle		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Constance Anderson			Treasurer Name Roger Riendeau		
Street Address 89 Songbird Lane			Street Address 149 Lark Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Steven Anderson			Director Name Maureen Brown		
Street Address 89 Songbird Lane			Street Address 47 Red Tail Trail		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Claudia DiGiovanni			Director Name		
Street Address 12 Cardinal Court			Street Address		
City Tiverton	State RI	Zip 02878	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

File Date _____

FILED

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JUN 19 2015

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A.A.

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 or Authorized Representative

Date

Al Affonso - President

Print or Type Name of Officer or Authorized Representative

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CORPORATION DIV
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