



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2105

1. Corporate ID No. 000106038

2. Name of Corporation CANONCHET HOMEOWNERS ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 50 CANONCHET WAY

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HOMEOWNERS ASSOCIATION.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BERNARD H GOULD	PO BOX 789, 50 CANONCHET WAY NARRAGANSETT, RI 02882 USA
TREASURER	HARRIS CHORNEY	PO BOX 3122 NARRAGANSETT, RI 02882 USA
DIRECTOR	MARK DERESIENSKI	49 CANONCHET WAY

		NARRAGANSETT, RI 02882
VICE PRESIDENT	NEAL ROGOL	60 CANONCHET WAY NARRAGANSETT, RI 02882 USA
DIRECTOR	RICHARD KELLEHER	74 STRATHMORE ST NARRAGANSETT, RI 02882 USA
DIRECTOR	DAVID PRESBREY	84 STRATHMORE ST NARRAGANSETT, RI 02882
DIRECTOR	TARA FLAHERTY	59 CANONCHET WAY NARRAGANSETT, RI 02882 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JAMES C. SULLIVAN 1130 TEN ROD ROAD, SUITE B-206 NORTH KINGSTOWN , RI 02852

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 26 Day of July, 2015 at 2:43:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By HARRIS CHORNEY
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved