



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 152321		2. Exact name of the Corporation Avondale Homeowners Association	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Association of property owners in Avondale, Rhode Island	
5. Principal Office Address P.O. Box 1152		City Westerly	State RI
		Zip 02891	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Townsend		Vice-President Name Deborah Edwards	
Street Address 26 Avondale Road		Street Address 52 Avondale Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Carol Miller		Treasurer Name Joan Gorman	
Street Address 116 Avondale Road		Street Address 112 Avondale Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Wendell Brown		Director Name Patricia Gagnon	
Street Address 20 Avondale Road		Street Address 7 Avondale Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Director Name Robert Kiel		Director Name Kirk Materne	
Street Address 3 Champlin Drive		Street Address 13 Avondale Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Carol Miller		Date May 31, 2016	
Signature of Officer/Authorized Representative <i>Carol Miller</i>		SIGN DOCUMENT HERE	

FILED
JUN 06 2016
BY **221DS**