



**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 456955		2. Exact name of the Corporation DANIEL T. CHURCH HOMEOWNERS ASSOCIATION INC.	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island MANAGE HOMEOWNERS ASSOCIATION	
5. Principal Office Address 304 CHURCH POND DRIVE		City TIVERTON	State RI
		Zip 02878	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LOUIS CABRAL		Vice-President Name ARTHUR SAMPSON	
Street Address 304 CHURCH POND DRIVE		Street Address 146 CHURCH POND DRIVE	
City TIVERTON	State RI	Zip 02878	City TIVERTON
			State RI
			Zip 02878
Secretary Name		Treasurer Name BARBARA WALLINGFORD	
Street Address		Street Address 85 DANIEL T. CHURCH ROAD	
City	State	Zip	City TIVERTON
			State RI
			Zip 02878
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 LOUIS CABRAL		Director Name ARTHUR SAMPSON	
Street Address 304 CHURCH POND DRIVE		Street Address 146 CHURCH POND DRIVE	
City TIVERTON	State RI	Zip 02878	City TIVERTON
			State RI
			Zip 02878
Director Name BARBARA WALLINGFORD		Director Name	
Street Address 85 DANIEL T. CHURCH ROAD		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 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative JOAN GREENWELL			Date 5/26/16
Signature of Officer/Authorized Representative <i>Joan Greenwell</i>			

FILED

JUN 06 2016

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