



**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: 2016

1. Corporate ID No. 000030848

2. Name of Corporation CORMORANT COVE ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: CHAMPLIN ROAD

P.O. BOX 1091

City or Town: NEW SHOREHAM State: RI Zip: 02807 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

MAINTENANCE OF A JOINTLY OWNED OPEN-SPACE AREA

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	LYLE C ANDERSON	45 HAMILTON ROAD CHAPPAQUA, NY 10514-3200 USA
TREASURER	PAM DICKINSON	CHAMPLIN ROAD BLOCK ISLAND, RI 02807 USA

SECRETARY	CAROL S ANDERSON	45 HAMILTON ROAD CHAPPAQUA, NY 10514 USA
DIRECTOR	ELLEN JACKE	542 BOSTON NECK RD NORTH KINGSTON, RI 02852 USA
DIRECTOR	ALAN ELWELL	840 ROCKRIMMON ROAD STAMFORD, CT 06903 USA
DIRECTOR	RENATA ELWELL	840 ROCKRIMMON ROAD STAMFORD, CT 06903 USA
DIRECTOR	MEGHAN WHITTEN	CHAMPLIN ROAD BLOCK ISLAND, RI 02807 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**

ARTHUR C. MAILICK COAST GUARD ROAD P.O. BOX 1091 BLOCK ISLAND , RI 02807

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

Signed this 13 Day of June, 2016 at 4:56:28 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 LYLE ANDERSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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