



**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		2. Exact name of the Corporation			
91773		Canonchet Cliffs Water Association, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To acquire, treat and distribute water.			
5. Principal Office Address			City	State	Zip
825 Main Street			Hope Valley	RI	02832
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Manuel Souza			Vice-President Name		
Street Address 805 Main Street			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name Suzanne Flint			Treasurer Name Bruce Catelle		
Street Address 86 Shannock Hill Road			Street Address 807 Main Street		
City Shannock	State RI	Zip 02875	City Hope Valley	State RI	Zip 02832
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 Manuel Souza			Director Name Bruce Catelle		
Street Address 805 Main Street			Street Address 807 Main Street		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Suzanne Flint			Director Name		
Street Address 86 Shannock Hill Road			Street Address		
City Shannock	State RI	Zip 02875	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				Date	
MANUEL SOUZA				6/21/14	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	
<i>Manuel Souza</i>					

FILED

JUL 08 2016

BY

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