



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

Annual Report for the year: 2017

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 114245		2. Exact name of the Corporation Kickemuit Anchorage Homeowners' Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Community Homeowners' Association			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address 34 Anchorage Ct		City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ed Quinn		Vice-President Name David Gagnon			
Street Address 38 Anchorage Ct		Street Address 29 Smith St			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Laura Adler		Treasurer Name Kathryn Toohey			
Street Address 40 Anchorage Ct		Street Address 34 Anchorage Ct			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. 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 Ed Quinn		Director Name David Gagnon			
Street Address 38 Anchorage Ct		Street Address 29 Smith St			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Laura Adler		Director Name Kathryn Toohey			
Street Address 40 Anchorage Ct		Street Address 34 Anchorage Ct			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. 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 Kathryn Toohey				Date 6/7/20017	
Signature of Officer/Authorized Representative <i>Kathryn Toohey</i>				FILED	
				JUN 09 2017	
				BY <i>[Signature]</i>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov