



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 30850		2. Exact name of the Corporation Property Owners association of Keech Pond, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Corporation that maintains a high hazard damn and common beach areas around Keech Pond.			
4. NAICS Code 81					
6. Principal Office Address 12 Lakeview Circle			City Chepachet	State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andre Goulet			Vice-President Name John Holmes		
Street Address 11 Lakeview Circle			Street Address 12 Lakeview Circle		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Valerie Begin			Treasurer Name Therese Holmes		
Street Address 209 Keech Pond Drive			Street Address 12 Lakeview Circle		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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 Karen Chludenski			Director Name Robert Crowther		
Street Address 140 Saunders Brook Road			Street Address 17 Sunrise Terrace		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name Thomas Chadwick			Director Name Kenneth J. Loft		
Street Address 88 Lakeview Drive			Street Address 54 Lakeview Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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 ANDRE GOULET				Date 6-9-17	
Signature of Officer/Authorized Representative <i>Andre Goulet</i>					

FILED

JUN 12 2017

BY 199 DS

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov