



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

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 10913		2. Exact name of the Corporation Highcliff Condo Association Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condos	
4. NAICS Code 81			
6. Principal Office Address Quartz DR		City Westerly	State RI
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Penny L Crandall		Vice-President Name Michael Markowitz	
Street Address 4A Quartz DR		Street Address 1C Quartz DR	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Virginia Hanke		Treasurer Name Maureen Gavitt	
Street Address 4C Quartz DR		Street Address 2C Quartz DR	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Penny L Crandall		Director Name Maureen Gavitt	
Street Address 4A Quartz DR		Street Address 2C Quartz DR	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Director Name Michael Markowitz		Director Name 	
Street Address 1C Quartz DR		Street Address 	
City Westerly	State RI	City 	State
Zip 02891		Zip 	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Penny L Crandall			Date 6-21-17
Signature of Officer/Authorized Representative Penny L Crandall			

FILED

JUN 23 2017

BY

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MAIL TO:
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