



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

Annual Report for the year: **2018**

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 Organ					
6. Principal Office Address 44 Anchorage Court		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 David Gagnon			Vice-President Name William Toohey		
Street Address 29 Smith St			Street Address 34 Anchorage Court		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Gail Storms			Treasurer Name Kathleen Walden		
Street Address 32 Anchorage Court			Street Address 44 Anchorage Court		
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 David Gagnon			Director Name William Toohey		
Street Address 29 Smith St			Street Address 34 Anchorage Court		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Gail Storms			Director Name Kathleen Walden		
Street Address 32 Anchorage Court			Street Address 44 Anchorage Court		
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 Kathleen Walden				Date 6/5/2018	
Signature of Officer/Authorized Representative <i>Kathleen Walden</i>				FILED JUN 18 2018	

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
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 02809

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

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