



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 <b>956955</b>		2. Exact name of the Corporation <b>DANIEL T. CHURCH HOMEOWNERS ASSOCIATION IN</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>MANAGE HOMEOWNERS ASSOCIATION</b>	
4. NAICS Code <b>813910 - Business Association</b>			
6. Principal Office Address <b>304 CHURCH POND DRIVE</b>		City <b>TIVERTON</b>	State <b>RI</b>
		Zip <b>02878</b>	
7. List ALL officers (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>LOUIS CABRAL</b>		Vice-President Name <b>AUTHUR SAMPSON</b>	
Street Address <b>304 CHURCH POND DRIVE</b>		Street Address <b>146 CHURCH POND DRIVE</b>	
City <b>TIVERTON</b>	State <b>RI</b>	City <b>TIVERTON</b>	State <b>RI</b>
Zip <b>02878</b>		Zip <b>02878</b>	
Secretary Name		Treasurer Name <b>BARBARA WALLINGFORD</b>	
Street Address		Street Address <b>85 DANIEL T. CHURCH ROAD</b>	
City	State	City <b>TIVERTON</b>	State <b>RI</b>
Zip		Zip <b>02878</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>LOUIS CABRAL</b>		Director Name <b>ARTHUR SAMPSON</b>	
Street Address <b>304 CHURCH POND DRIVE</b>		Street Address <b>146 CHURCH POND DRIVE</b>	
City <b>TIVERTON</b>	State <b>RI</b>	City <b>TIVERTON</b>	State <b>RI</b>
Zip <b>02878</b>		Zip <b>02878</b>	
Director Name <b>Barbara Wallingford</b>		Director Name	
Street Address <b>85 Daniel T. Church Rd</b>		Street Address	
City <b>Tiverton</b>	State <b>RI</b>	City	State
Zip <b>02878</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>LOUIS CABRAL</b>			Date <b>5/19/18</b>
Signature of Officer/Authorized Representative <i>Louis Cabral</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

**FILED** *o*  
**JUN 25 2018**  
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