



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 956955		2. Exact name of the Corporation DANIEL T. CHURCH HOMEOWNERS ASSOCIATION IN			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island MANAGE HOMEOWNERS ASSOCIATION			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 304 CHURCH POND DRIVE		City TIVERTON		State RI	Zip 02878
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name LOUIS CABRAL		Vice-President Name AUTHUR SAMPSON			
Street Address 304 CHURCH POND DRIVE		Street Address 146 CHURCH POND DRIVE			
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name		Treasurer Name BARBARA WALLINGFORD			
Street Address		Street Address 85 DANIEL T. CHURCH ROAD			
City	State	Zip	City TIVERTON	State RI	Zip 02878
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 LOUIS CABRAL		Director Name ARTHUR SAMPSON			
Street Address 304 CHURCH POND DRIVE		Street Address 146 CHURCH POND DRIVE			
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name Barbara Wallingford		Director Name			
Street Address 85 Daniel T. Church Rd		Street Address			
City Tiverton	State RI	Zip 02878	City	State	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 LOUIS CABRAL				Date 5/19/18	
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

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JUN 25 2018

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FORM 631 - Revised: 11/2017