



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

Annual Report for the year:

Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUL 09 2018

BY

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1. Entity ID Number 000485996		2. Exact name of the Corporation Clock Tower Square Condominium Association Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condos for commercial business and one restaurant	
4. NAICS Code 813910			
6. Principal Office Address 100 Clock Tower Square		City Portsmouth	State RI
		Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Amy Deeneny		Vice-President Name NA - None	
Street Address 103 Clock Tower Square		Street Address	
City Portsmouth	State RI	City	State
Zip 02871		Zip	
Secretary Name Sarah Herdrich		Treasurer Name Christine Cavanaugh	
Street Address 107 Clock Tower Square		Street Address 209 Clock Tower Square	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
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 Tom Graul		Director Name Deb Winthrop	
Street Address 202 Clock Tower Square		Street Address 203 Clock Tower Square	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
Director Name Kathy Abirci		Director Name NONE	
Street Address 109 Clock Tower Square		Street Address	
City Portsmouth	State RI	City	State
Zip 02871		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 Christine Cavanaugh		Date 6/30/18	
Signature of Officer/Authorized Representative Chb cfl			

MAIL TO:
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