



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

STAMP

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 91773		2. Exact name of the Corporation Canonchet Cliffs Water Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To acquire, treat and distribute water.			
4. NAICS Code 624120 - Services for Elderly					
6. Principal Office Address 825 Main Street		City Hope Valley	State RI	Zip 02832	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Manuel Souza		Vice-President Name			
Street Address 805 Main Street		Street Address			
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name Suzanne Flint		Treasurer Name Bruce Catelle			
Street Address 86 Shannock Hill Road		Street Address 807 Main Street			
City Shannock	State RI	Zip 02875	City Hope Valley	State RI	Zip 02832
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 Manuel Souza		Director Name Bruce Catelle			
Street Address 805 Main Street		Street Address 807 Main Street			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Suzanne Flint		Director Name			
Street Address 86 Shannock Hill Road		Street Address			
City Shannock	State RI	Zip 02875	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.					
<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 Manuel Souza					Date 7/19/18
Signature of Officer/Authorized Representative <i>Manuel Souza</i>					SIGN DOCUMENT HERE FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUL 27 2018
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