



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

Annual Report for the year: **2019**

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.

FILED

JUN 07 2019

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BY

STAMP

FOR
STATE OF RHODE ISLAND
ONLY

1. Entity ID Number 70307		2. Exact name of the Corporation Anglesea Homeowners Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To manage a homeowners association			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address P.O. Box 9250			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Catucci			Vice-President Name Joseph McGonagle, Jr.		
Street Address 70 Port Circle			Street Address 123-3 Channel View		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name William David			Treasurer Name Frank Ferri		
Street Address 112 Port Circle			Street Address 78-3 Channel View		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 Christopher Catucci			Director Name Joseph McGonagle, Jr.		
Street Address 70 Port Circle			Street Address 123-3 Channel View		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Frank Ferri			Director Name		
Street Address 78-3 Port Circle			Street Address		
City Warwick	State RI	Zip 02889	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 ✓ Chris Catucci				Date ✓ 6-4-19	
Signature of Officer/Authorized Representative ✓				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov