

FILED

JUN 12 2019

FOR SECRETARY OF STATE
BY ASO AS



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2019

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>152321</u>		2. Exact name of the Corporation Avondale Homeowners Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Association of property owners in Avondale, Rhode Island <u>813990</u>			
5. Principal Office Address P.O. Box 1152		City Westerly	State RI	Zip 02891	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Townsend			Vice-President Name Kirk Materne		
Street Address 26 Avondale Road			Street Address 13 Avondale Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Carol Miller			Treasurer Name Joan Gorman		
Street Address 116 Avondale Road			Street Address 112 Avondale Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Wendell Brown			Director Name Patricia Gagnon		
Street Address 20 Avondale Road			Street Address 7 Avondale Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Robert Kiel			Director Name Talley Ackerman		
Street Address 3 Champlin Drive			Street Address 36 Avondale Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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>					
<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 Carol Miller				Date 06 08 2019	
Signature of Officer/Authorized Representative <u>Carol Miller</u>				SIGN DOCUMENT HERE	

STAMP

FOR
SECRETARY OF STATE
USE ONLY

ADDITIONAL BOARD MEMBERS (DIRECTORS) FOR AVONDALE HOMEOWNERS
ASSOCIATION

CHANTAL CURTIS
56 AVONDALE ROAD
WESTERLY, RI 02891

FRED SCULCO
117 AVONDALE ROAD
WESTERLY, RI 02891

TOM O'CONNOR
37 AVONDALE ROAD
WESTERLY, RI 02891

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