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JUN 27 2019

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 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 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000114245		2. Exact name of the Corporation Kickemuit Anchorage Homeowners' Association (813990)			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Community Homeowner's Association			
5. Principal office address 44 Anchorage Court		City Bristol	State RI	Zip 02809	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William Toohey			Vice-President Name Raymond Wilke		
Street Address 34 Anchorage Court			Street Address 14 Juniper Court		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Gail Storms			Treasurer Name Kathleen Walden		
Street Address 32 Anchorage Court			Street Address 44 Anchorage Court		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William Toohey			Director Name Raymond Wilke		
Street Address 34 Anchorage Court			Street Address 14 Juniper Court		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Gail Storms			Director Name Kathleen Walden		
Street Address 32 Anchorage Court			Street Address 44 Anchorage Court		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____

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.

Kathleen Walden 6/21/19
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Kathleen Walden *Treasurer*
 Print or Type Name of Officer or Authorized Representative