RI SOS Filing Number: 201907663020 Date: 7/26/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

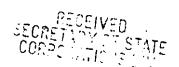
Department of State - Business Services Division

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.



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1. Entity ID Number 000450043		2. Exact name of the Corporation Conanicut Preserve Homeowners Association				
3. State of Incorporation Rhode Island		Brief description of the character of business conducted in Rhode Island Operation of Homeowners Association				
4. NAICS Code 813990 - Other Similar Or	<u> </u>					
6. Principal Office Address			City	State	Zip	
1 Riverview Drive			North Providence	RI	02904	
7. List ALL officers (names and	addresses)			Check the box to indi	cate an attachment	
President Name Karen O'Donnell			Vice-President Name None			
Street Address 1 Riverview Drive			Street Address			
^{City} North Providence	State RI	Zip 02904	City	State	Zıp	
Secretary Name Keri Hague			Treasurer Name Kristin Charpentier			
Street Address 20 Cedar Ridge Road			Street Address 65 Cedar Ridge Road			
City Jamestown	State RI	^{Zip} 02835	City Jamestown	State RI	Zip 02835	
8. List ALL directors (names an	d addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
Director Name Frank O'Donnell			Director Name Keri Hague			
Street Address 1 Riverview Drive			Street Address 20 Cedar Ridge Road			
City North Providence	State RI	Zip 02904	City Jamestown	State RI	^{Zip} 02835	
Director Name Melissa O'Brien			Director Name Kristin Charpentier			
Street Address 10 Cedar Ridge Road			Street Address 65 Cedar Ridge Road			
^{City} Jamestown	State RI	^{Zip} 02835	^{City} Jamestowп	State RI	Zip 02835	
9. Registered Agent in Rhode I	sland. This informat	ion is currently of reco	ord in the Department of State. Chan	ges require filing Form 6	341.	
Under penalty of perjury, I de statements, and that all state			ed this report, including any and correct.	ccompanying sched	lules and	
This report must be signed by either the	President, Vice-Presid	ent, Secretary, Assistant	Secretary, Treasurer, duly Authorized Rep	resentative, Receiver or Tri	ustee.	
Name of Officer/Authorized Representative Karen O'Donnell				7/23/2019		
Signature of Officer/Authorized	Representative	SIGN DO	DUME 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 BY mm3m5

JUL 26 2019