



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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SECRETARY OF STATE
CORPORATIONS DIVISION

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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		5. Brief description of the character of business conducted in Rhode Island Operation of Homeowners Association			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address 1 Riverview Drive		City North Providence		State RI	Zip 02904
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip
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 and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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 Jamestown	State RI	Zip 02835
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Karen O'Donnell				Date 7/23/2019	
Signature of Officer/Authorized Representative <i>Karen O'Donnell</i>				SIGN DOCUMENT FILED	

JUL 26 2019

BY *mm3ms*