



RI SOS Filing Number: 202040962980 Date: 5/27/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2020

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

MAY 27 2020

BY

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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 Organi					
6. Principal Office Address 40 Cedar Ridge Trail		City Jamestown		State RI	Zip 02835
7. List ALL officers (names and addresses). <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karen O'Donnell			Vice-President Name None		
Street Address 40 Cedar Ridge Trail			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Keri Hague			Treasurer Name Kristin Charpentier		
Street Address 20 Cedar Ridge Trail			Street Address 65 Cedar Ridge Trail		
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. <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank O'Donnell			Director Name Keri Hague		
Street Address 40 Cedar Ridge Trail			Street Address 20 Cedar Ridge Trail		
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name Melissa O'Brien			Director Name Kristin Charpentier		
Street Address 10 Cedar Ridge Trail			Street Address 65 Cedar Ridge Trail		
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. <input checked="" type="checkbox"/>					
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. <input checked="" type="checkbox"/>					
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 5/18/2020	
Signature of Officer/Authorized Representative <i>Karen O'Donnell</i> SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019