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

FILED
MAY 27 2020
BY 2202

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

1. Entity ID Number	2. Exact name of the Corporation
000450043	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 Orgai	

6. Principal Office Address	City	State	Zip
40 Cedar Ridge Trail	Jamestown	RI	02835

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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. — Check the box to indicate an attachment ☐

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.

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	Date
Karen O'Donnell	5/18/2020

Signature of Officer/Authorized Representative
Karen O'Donnell SIGN DOCUMENT HERE

MAIL TO:
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