



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

FILED

MAY 27 2020

BY 2202
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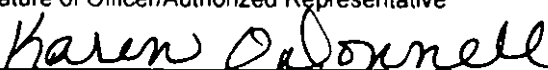
Annual Report for the year: **2020**

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  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)  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 Karen O'Donnell				Date 5/18/2020	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov