



Department of State - Business Services Division

FILED

JUN 17 2020

BY 0452
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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 <u>10913</u>		2. Exact name of the Corporation <u>Highcliff Condominium Association Inc</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Condominium</u>			
4. NAICS Code <u>813990</u>					
6. Principal Office Address <u>Quartz DR</u>			City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Penny L Crandall</u>			Vice-President Name <u>Carl Orrin</u>		
Street Address <u>4A Quartz DR</u>			Street Address <u>1 A Quartz DR</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
Secretary Name <u>Virginia Hanke</u>			Treasurer Name <u>Rita Mazur</u>		
Street Address <u>4C Quartz DR</u>			Street Address <u>2 B Quartz DR</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
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 <u>Penny L Crandall</u>			Director Name <u>Robert Schonenberg</u>		
Street Address <u>4A Quartz DR</u>			Street Address <u>4 B Quartz DR</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
Director Name <u>Virginia Hanke</u>			Director Name <u>CS</u>		
Street Address <u>4C Quartz DR</u>			Street Address <u>CS</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>CS</u>	State <u>CS</u>	Zip <u>CS</u>
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Penny L Crandall</u>				Date <u>6-14-20</u>	
Signature of Officer/Authorized Representative <u>Penny L Crandall</u>				SIGN DOCUMENT HERE	