



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

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.

FILED

JUL 01 2020

BY 414

1. Entity ID Number 030850		2. Exact name of the Corporation Property Owners Association of Keech Pond, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Corporation that maintains a high hazard damn and common beach areas around Keech Pond.	
4. NAICS Code 502098			
6. Principal Office Address 12 Lakeview Circle		City Chepachet	State RI
		Zip 02814	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Andre Goulet		Vice-President Name John Holmes	
Street Address 11 Lakeview Circle		Street Address 12 Lakeview Circle	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
Secretary Name Valerie Begin		Treasurer Name Therese Holmes	
Street Address 209 Keech Pond Drive		Street Address 12 Lakeview Circle	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
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 Karen Chludenski		Director Name Robert Thibeault	
Street Address 140 Saunders Brook Road		Street Address 4 Sunrise Terrace	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
Director Name Thomas Chadwick		Director Name Kenneth J. Loft	
Street Address 88 Lakeview Circle		Street Address 54 Lakeview Drive	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative ANDRE GOULET PRESIDENT			Date 6-27-2020
Signature of Officer/Authorized Representative 			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.n.gov