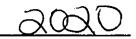
RI SOS Filing Number: 202044483120 Date: 7/8/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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 0 8 2020					
2096					

4. Catib. ID Number	To Sugar nom	fills Companie	<u> </u>	·		
1. Entity ID Number 000070307		2. Exact name of the Corporation  Anglesea Homeowners Association				
3. State of Incorporation	5 Brief descr	5 Brief description of the character of business conducted in Rhode Island				
Rhode Island	To manage	To manage a homeowners association.				
4. NAICS Code						
813990 - Other Similar O	irgai 📗					
6. Principal Office Address			City	State	Zip	
P.O. Box 9250			Warwick	RI	02889	
7. List ALL officers (names ar	nd addresses)			Check the box to indic	ate an attachment	
President Name Christophe	r Catucci		Vice-President Name Joseph McGonagle, Jr.			
Street Address 70 Port Circle			Street Address 123-3 Channel View			
City Warwick	State RI	<sup>Zip</sup> <b>02889</b>	City Warwick	State RI	Z <sub>IP</sub> 02889	
Secretary Name William David			Treasurer Name Frank Ferri			
Street Address 112 Port Circle			Street Address 78-3 Channel View			
City Warwick	State RI	Zip 02889	City Warwick	State RI	<sup>Zip</sup> 02889	
8. List ALL directors (names	and addresses). RI C	orporations MUST	list at least THREE directors.	. Check the box to indic	rate an attachment	
Director Name Christopher	Catucci		Director Name Joseph McGonagle, Jr.			
Street Address 70 Port Circle			Street Address 123-3 Channel View			
City Warwick	State RI	Z <sub>1</sub> p 02889	City Warwick	State RI	Z <sub>1</sub> p 02889	
Director Name: Frank Ferri			Director Name	Director Name		
Street Address 78-3 Channel View			Street Address	Street Address		
<sup>City</sup> Warwick	State RI	Zip 02889	City	State	Zip	
9. Registered Agent in Rhodi	a Island. This informati	ion is currently of reco	ord in the Department of State Ch	hanges require filing Form 64	41.	
Under penalty of perjury, I statements, and that all sta			ed this report, including an	y accompanying sched	ules and	
This report must be signed by either	the President, Vice-Preside	ent. Secretary. Assistant !	Secretary, Treasurer, duly Authonzed			
Name of Officer/Authorized F	Representative			Date _ 30	2-77	
Christopher Catucci						
Signature of Office Authorize	d Representative	SIGN DOC	NUMEN : HERE			

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov