

State of Rhode Island and Providence Plantations

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

Annual Report for the year: 2020 **Non-Profit Corporation** 

**FILED** 

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

4.5-0.10.0		<del></del>		
1. Entity ID Number	2 Exact name of the Corporation  1			
3. State of Incorporation	Common Fence Point Improment Association The 5. Bnef description of the character of business conducted in Rhode Island			
ا نام ا				
Khode Island  4. NAICS CODE				
813910-Association of Common Fence Point.				
6. Principal Office Address	Of Common 127	City	State	Zip
933 Anthony Rd.		Portsmouth	RI	02871
7. List ALL officers (names and addresses)  Check the box to indicate an attachment				
President Name Conley Zani		Vice-President Name Angelica Alvarez		
Street Address 1350 Anthony Rd.		Street Address 15 Canton AVC.		
car Ports mouth	State RI Zip 02871	Cfty ()	Sinla	202871
II Secretary Name ₄		Torts mouth Treasurer Name		
Anita Oliver Street Address		Treasurer Diane Barrette Street Address A 11 01		
12.36 AnThony Rd.		1211 Anthony Ra.		
cir Portsmouth	State RI Zip 2871	cir Ports mouth	State RI	Zp 2871
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment				
Director Name Jennifer	Borden	Director Name Kevin We		
Street Address	lale St.	Street Address 1250 Anthony Rd.		
city Parte wouth	State RI Zip 3871	Con. O	State T	Zip 287/
Director Name	11 + 1000 11	Overtor Name,	` . r	078/1
Near Arnadiany Leon Lesinski				
104 Dight		Street Address 60 Mansf	ield Av	re
City Portsmouth	State RI 2703871	cir Portsmouth	State RI	2.02871
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 other the President, Vice-President, Secretary, Assistent Secretary, Treesurer, duly Authorized Representative. Receiver or Trustee				
Name of Officer/Authorized Representative Date				
Diane Barrette 11-12-20				20
Signature of Officer/Authorized Representative  Auchien 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 Co-Treasurer

Heather Satterley To Raynham Ave. Portsmouth, RI 02871

Director

Marshall Hill 31 Mount View Rd. Portsmouth, RI 03871

**FILED** 

DEC 0 2 2020

ID 002937