RI SOS Filing Number: 202191286520 Date: 2/10/2021 4:00:00 PM

MCHL.	of State - Busine	ess Services	FEB 1 0 2021		
Annual Report for the year:  Corporation  → Filing period: January 1 - March 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by April 1.			FEB 1 0 2021 8		
65356	Canonchet H	Hills, Inc.			
3. Principal Office Address 807 Main Street			City Hope Valley	State RI	Zip 02832
4. NAICS Code 531390		iption of the chara Elderly residential	cter of business conductionships	cted in Rhode Island	
5. State of Incorporation Rhode Island					
7. List ALL officers (names a President Name	and addresses)		Check the box to indicate an attachment  Vice-President Name		
President Name Holly Knott			VICE-1 TESIDENT HATTIE		
Street Address 57 Tomaquag Road			Street Address		
City Bradford	State RI	Zip <sub>02808</sub>	City	State	Zip
Secretary Name Harry Mathewson			Treasurer Name		
Street Address 807 Main Street, Apt. D-2			Street Address		
<sup>City</sup> Hope Valley	State RI	Zip <sub>02832</sub>	City	State	Zip
8. List ALL directors (names	and addresses)			Check the box to indic	cate an attachment
Director Name Harry Mathew			Director Name		
Street Address 807 Main Street, Apt. D-2			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Director Name Holly Knott			Director Name		
Street Address 57 Tomaquag Road			Street Address		
City Bradford	State RI	<sup>Zip</sup> 02808	City	State	Zip
9. Shares Authorized		10. Shares Is		Check the box to indic	
This information is currently of Department of State.	of record in the	NUMBER (	OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.					
11. This report must be exec	cuted on behalf of the	corporation by an	authorized representati	ive. If the corporation is in the	hands of a receiver or
trustee, this report must be e Under penalty of perjury, I statements, and that all st	declare and affirm t	hat l have examir	ned this report, includ	ling any accompanying sche	dules and
Name of Authorized Represe	ontativo			Date	1/21
Signature of Authorized Rep	resentative \( \sum_{\text{\colorest}}	m J. (	-Ca		1/41
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MAIL TO:			<b>,</b>		

Division of Business Services

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

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