



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**JUL 20 2021**

**STAMP**

Annual Report for the year: **2021**

**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.

BY 1243

STEP  
 SECRETARY OF STATE  
 001001

1. Entity ID Number <b>91773</b>		2. Exact name of the Corporation <b>Canonchet Cliffs Water Association, Inc.</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To acquire, treat and distribute water.			
4. NAICS Code 624120 - Services for Elderly a					
6. Principal Office Address 825 Main Street		City Hope Valley	State RI	Zip 02832	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Holly Knot</b>		Vice-President Name <b>Carol Kenahan</b>			
Street Address <b>57 Tomaquag Road</b>		Street Address <b>807 Main Street Apt. A4</b>			
City <b>Bradford</b>	State <b>RI</b>	Zip <b>02808</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Holly Knot</b>		Director Name			
Street Address <b>57 Tomaquag Road</b>		Street Address			
City <b>Bradford</b>	State <b>RI</b>	Zip <b>02808</b>	City	State	Zip
Director Name <b>Harry Mathewson</b>		Director Name <b>Carol Kenahan</b>			
Street Address <b>807 Main Street D2</b>		Street Address <b>807 Main Street A4</b>			
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Holly Knot, Acting President</b>					Date <b>7/15/2021</b>
Signature of Officer/Authorized Representative <i>Holly M. Knot</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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