



State of Rhode Island

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 20 2021

STAMP

2079

1. Entity ID Number 000070307		2. Exact name of the Corporation ANGLESEA HOMEOWNERS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO MANAGE A HOMEOWNERS ASSOCIATION			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address P.O. BOX 9250			City WARWICK	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRISTOPHER CATUCCI			Vice-President Name JOSEPH MCGONAGLE, JR.		
Street Address 70 PORT CIRCLE			Street Address 123-3 CHANNEL VIEW		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name WILLIAM DAVID			Treasurer Name CLIFFORD J. DECK		
Street Address 112 PORT CIRCLE			Street Address 107-2 CHANNEL VIEW		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
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 CHRISTOPHER CATUCCI			Director Name JOSEPH MCGONAGLE, JR.		
Street Address 70 PORT CIRCLE			Street Address 123-3 CHANNEL VIEW		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name CLIFFORD J. DECK			Director Name		
Street Address 107-2 CHANNEL VIEW			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative CLIFFORD J. DECK				Date 7/19/21	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov