



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

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

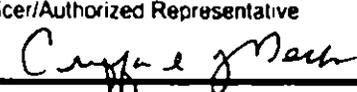
2021

**FILED**  
**JUL 20 2021**

STAMP

- Filing period: June 1 - June 30
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 2079

1. Entity ID Number <b>000070307</b>		2. Exact name of the Corporation <b>ANGLESEA HOMEOWNERS ASSOCIATION</b>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CHRISTOPHER CATUCCI</b>			Vice-President Name <b>JOSEPH MCGONAGLE, JR.</b>		
Street Address <b>70 PORT CIRCLE</b>			Street Address <b>123-3 CHANNEL VIEW</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
Secretary Name <b>WILLIAM DAVID</b>			Treasurer Name <b>CLIFFORD J. DECK</b>		
Street Address <b>112 PORT CIRCLE</b>			Street Address <b>107-2 CHANNEL VIEW</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
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>CHRISTOPHER CATUCCI</b>			Director Name <b>JOSEPH MCGONAGLE, JR.</b>		
Street Address <b>70 PORT CIRCLE</b>			Street Address <b>123-3 CHANNEL VIEW</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>CLIFFORD J. DECK</b>			Director Name		
Street Address <b>107-2 CHANNEL VIEW</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
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>					
<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 <b>CLIFFORD J. DECK</b>					Date <b>7/19/21</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)