



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022 AMENDED

5711

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 65356		2. Exact name of the Corporation CANONCHET HILLS INC.			
3. Principal Office Address 805 MAIN STREET			City HOPE VALLEY	State RI	Zip 02832
4. NAICS Code 6242229-other communit		6. Brief description of the character of business conducted in Rhode Island To develop elderly residential housing			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HOLLY KNOTT			Vice-President Name		
Street Address 57 TOMAQUAG ROAD			Street Address		
City BRADFORD	State RI	Zip 02808	City	State	Zip
Secretary Name HARRY MATHEWSON			Treasurer Name		
Street Address 807 MAIN ST., APT. D2			Street Address		
City HOPE VALLEY	State RI	Zip 02832	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HOLLY KNOTT			Director Name		
Street Address 57 TOMAQUAG ROAD			Street Address		
City BRADFORD	State RI	Zip 02808	City	State	Zip
Director Name HARRY MATHEWSON			Director Name		
Street Address 807 MAIN ST., APT. D2			Street Address		
City HOPE VALLEY	State RI	Zip 02832	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		0		0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative WILLIAM J. CANNING				Date 5/24/2022	
Signature of Authorized Representative <i>William J. Canning</i>					

2022 JUN 6 PM 2:12
 RECEIVED
 STATE
 BUSINESS DIV.

FILED

JUN 06 2022
 3V A.A. 2:12 pm.



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

June 06, 2022 02:12 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

