



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

JUN 23 2022

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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000114245		2. Exact name of the Corporation Kickemuit Anchorage Homeowner's Association			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Homeowner's Association for neighborhood of 14 homes in Bristol, Rhode Island			
4. NAICS Code 815990					
6. Principal Office Address 44 Anchorage Court		City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Harlow		Vice-President Name George Simone			
Street Address 48 Anchorage Court		Street Address 29 Smith Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name John Mooney		Treasurer Name Kathleen Walden			
Street Address 40 Anchorage Court		Street Address 44 Anchorage Court			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Richard Harlow		Director Name John Mooney			
Street Address 48 Anchorage Court		Street Address 40 Anchorage Court			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name George Simone		Director Name Kathleen Walden			
Street Address Smith Street		Street Address 44 Anchorage Court			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Kathleen Walden, Treasurer				Date 5-31-22	
Signature of Officer/Authorized Representative <i>Kathleen Walden</i>				JUN 23 2022 4:00:00 PM DEPT OF STATE 12:21 PM '22	

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