State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FEB 21 2023
0550

1. Entity ID Number	2. Exact name of the Corporation
0000109/3	HIGH CLIFF CONDOMINIUM ASSOC., INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: CONDOMINIUM
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
QUARTZ DR.	WESTERLY	RI	02891

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ROBERT SCHONENBURG	MICHAEL MARKOWITZ
Street Address: 4B Quartz DR.	Street Address: 1C Quartz DR.
City: Westerly State: RI Zip: 02891	City: WESTERLY State: RI Zip: 02891
Secretary Name	**Treasurer Name**
VIRGINIA HANKE	NANCY RIFFE
Street Address: 4C Quartz DR.	Street Address: 3B Quartz DR.
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 0289/

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
ROBERT SCHONENBURG	MICHAEL MARKOWITZ
Street Address: 4B Quartz DR.	Street Address: 1C Quartz DR
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 02891
Director Name	**Director Name**
VIRGINIA HANKE	
Street Address: 4C Quartz DR	Street Address:
City: WESTERLY State: RI Zip: 02891	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
ROBERT SCHONENBURG	2/15/23

Signature of Officer/Authorized Representative: Robert Schonenburg

MAIL TO:
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Phone: (401) 222-3040