



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2023

FEB 21 2023

0550

→ 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<br>000010913   |              | 2. Exact name of the Corporation<br>HIGH CLIFF CONDOMINIUM ASSOC., INC.                    |                             |
| 3. State of Incorporation<br>RI  |              | 5. Brief description of the character of business conducted in Rhode Island<br>CONDOMINIUM |                             |
| 4. NAICS Code<br>813990  |              |  |                             |
| 6. Principal Office Address<br>QUARTZ DR.  |              | City<br>WESTERLY   | State<br>RI<br>Zip<br>02891 |
| 7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment  |              |  |                             |
| President Name<br>ROBERT SCHONENBURG   |              | Vice-President Name<br>MICHAEL MARKOWITZ   |                             |
| Street Address<br>413 QUARTZ DR.   |              | Street Address<br>1C QUARTZ DR.  |                             |
| City<br>WESTERLY   | State<br>RI  | Zip<br>02891   | City<br>WESTERLY            |
| State<br>RI  | Zip<br>02891 | City<br>WESTERLY   | State<br>RI                 |
| Secretary Name<br>VIRGINIA HANKE   |              | Treasurer Name<br>NANCY RIFFE  |                             |
| Street Address<br>4C QUARTZ DR.  |              | Street Address<br>3B QUARTZ DR.  |                             |
| City<br>WESTERLY   | State<br>RI  | Zip<br>02891   | City<br>WESTERLY            |
| State<br>RI  | Zip<br>02891 | City<br>WESTERLY   | State<br>RI                 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment                                    |              |  |                             |
| Director Name<br>ROBERT SCHONENBURG  |              | Director Name<br>MICHAEL MARKOWITZ   |                             |
| Street Address<br>413 QUARTZ DR.   |              | Street Address<br>1C QUARTZ DR.  |                             |
| City<br>WESTERLY   | State<br>RI  | Zip<br>02891   | City<br>WESTERLY            |
| State<br>RI  | Zip<br>02891 | City<br>WESTERLY   | State<br>RI                 |
| Director Name<br>VIRGINIA HANKE  |              | Director Name  |                             |
| Street Address<br>4C QUARTZ DR.  |              | Street Address   |                             |
| City<br>WESTERLY   | State<br>RI  | Zip<br>02891   | City                        |
| State<br>RI  | Zip<br>02891 | City   | State                       |
| 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<br>ROBERT SCHONENBURG  |              | Date<br>2/15/23  |                             |
| Signature of Officer/Authorized Representative<br>Robert Schonenburg   |              |  |                             |

## MAIL TO:

Division of Business Services

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