



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 26 2024

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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 000124422		2. Exact name of the Corporation Country View Citizens Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Country View Citizens Association is an organization of residents committed to educating and advising home owners and residents about issues impacting our community.			
4. NAICS Code 813410					
6. Principal Office Address 213 Hurst Lane P.O. Box 213			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name AL AFFONSO			Vice-President Name Jane Rogers		
Street Address 71 Blackbird St.			Street Address 79 Robin Drive		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Diane Turner			Treasurer Name Roger Rienneau		
Street Address 115 Lark Lane			Street Address 149 Lark Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Cathy Camara			Director Name Kathy Perry		
Street Address 45 Blackbird St.			Street Address 92 Robin Drive		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Annette Souza			Director Name		
Street Address 50 Cardinal Ct			Street Address		
City Tiverton	State RI	Zip 02878	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 DIANE TURNER, Secretary				Date 2/16/2024	
Signature of Officer/Authorized Representative <i>Diane Turner, Secretary</i>					

MAIL TO:

Division of Business Services

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