State of Rhode Island
Department of State - Business Services Division

FEB 26 2024
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Annual Report for the year: 2024
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.

1. Entity ID Number	2. Exact name of the Corporation
000124422	Country View Citizens Association
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Country View Citizens Association is an organization of residents committed to educating and advising homeowners and residents about issues impacting our community.
4. NAICS Code	
813410	

6. Principal Office Address	City	State	Zip
213 Hurst Lane P.O. Box 273	Tiverton	RI	02878

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

President Name	Vice-President Name
AL AFFONSO	Jane Rogers
Street Address	**Street Address**
71 Blackbird St.	79 Robin Drive
City: Tiverton, State: RI, Zip: 02878	City: Tiverton, State: RI, Zip: 02878
Secretary Name	**Treasurer Name**
Diane Turner	Roger Riendeau
Street Address	**Street Address**
115 Lark Lane	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	Director Name
Cathy Camara	Kathy Perry
Street Address	**Street Address**
45 Blackbird St.	92 Robin Drive
City: Tiverton, State: RI, Zip: 02878	City: Tiverton, State: RI, Zip: 02878
Director Name	**Director Name**
Annette Souza	
Street Address	**Street Address**
50 Cardinal Ct	
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	Date
DIANE TURNER, Secretary	2/16/2024

Signature of Officer/Authorized Representative: Diane Turner, Secretary

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

FORM 631- Revised: 12/2023