



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

APR 23 2024

BY

Annual Report for the year:

Non-Profit Corporation

2024

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000072188		2. Exact name of the Corporation COUNSEL WILLIE COVE LANDOWNERS ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide for ownership and maintenance of open space property.	
4. NAICS Code 531190			
6. Principal Office Address 40 J. CANNON 91 AVONDALE RD		City WESTERLY	State RI
		Zip 02891	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name DONNA D. KRUEGER-SIMMONS		Vice-President Name GRANT SIMMONS	
Street Address 87 AVONDALE RD		Street Address 87 AVONDALE RD.	
City WESTERLY	State RI	Zip 02891	
City WESTERLY	State RI	Zip 02891	
Secretary Name FAYE OVERTON		Treasurer Name JANE CANNON	
Street Address 4 CHAMPUN DR.		Street Address 91 AVONDALE RD	
City WESTERLY	State RI	Zip 02891	
City WESTERLY	State RI	Zip 02891	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name BRUCE CONWAY		Director Name NICHOLAS WOOD	
Street Address 80 AVONDALE RD.		Street Address 86 AVONDALE RD.	
City WESTERLY	State RI	Zip 02891	
City WESTERLY	State RI	Zip 02891	
Director Name BEATRICE LOMBARDO		Director Name LUCIEN RAMONDETTA	
Street Address 81 AVONDALE RD		Street Address 89 AVONDALE RD	
City WESTERLY	State RI	Zip 02891	
City WESTERLY	State RI	Zip 02891	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 JANE CANNON, TREASURER		Date 4/17/24	
Signature of Officer/Authorized Representative Jane Cannon			