



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
 Non-Profit Corporation

APR 23 2024

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY [Signature]

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)					Check the box to indicate an attachment <input type="checkbox"/>
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.					Check the box to indicate an attachment <input type="checkbox"/>
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JANE CANNON, TREASURER					Date 4/17/24
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
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 Website: www.sos.ri.gov