



State of Rhode Island
Department of State - Business Services Division

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.

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1. Entity ID Number 000091773		2. Exact name of the Corporation CANONCHET CLIFFS WATER ASSOCIATION, INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To acquire, treat and distribute water to residential housing for the elderly and those of low & moderate income.			
4. NAICS Code 624120					
6. Principal Office Address 825 Main Street			City Hope Valley	State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Holly Knott			Vice-President Name Carol Kenahan		
Street Address 57 Tomaquag Rd			Street Address 807 Main Street		
City Bradford	State RI	Zip 02808	City Hope Valley	State RI	Zip 02832
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Catelle			Director Name Holly Knott		
Street Address 807 Main St Apt 4			Street Address 57 Tomaquag Rd		
City Hope Valley	State RI	Zip 02832	City Bradford	State RI	Zip 02808
Director Name Carol Kenahan			Director Name Harry Matthewson		
Street Address 807 Main Street Apt A4			Street Address 807 Main Street Apt D2		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
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.					
<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 William J. Canning				Date 4/25/24	
Signature of Officer/Authorized Representative William J. Canning					

MAIL TO:

Division of Business Services

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