



**State of Rhode Island
Department of State - Business Services Division**

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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 000450043		2. Exact name of the Corporation CONANICUT PRESERVE HOMEOWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island OPERATION OF HOMEOWNERS ASSOCIATION			
4. NAICS Code 813990					
6. Principal Office Address 40 CEDAR RIDGE TRAIL			City JAMESTOWN	State RI	Zip 02835
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KAREN O'DONNELL			Vice-President Name		
Street Address 40 CEDAR RIDGE TRAIL			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name KERI HAGUE			Treasurer Name ADAM PHILLIPS		
Street Address 20 CEDAR RIDGE TRAIL			Street Address 45 CEDAR RIDGE TRAIL		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
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 FRANK O'DONNELL			Director Name KERI HAGUE		
Street Address 40 CEDAR RIDGE TRAIL			Street Address 20 CEDAR RIDGE TRAIL		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Director Name MELISSA O'BRIEN			Director Name ADAM PHILLIPS		
Street Address 10 CEDAR RIDGE TRAIL			Street Address 45 CEDAR RIDGE TRAIL		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
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 KAREN O'DONNELL				Date 6/27/2024	
Signature of Officer/Authorized Representative <i>Karen O'Donnell</i>				W3 FILED 925 JUN 28 2024 BY 1015	

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