



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 04 2025

Annual Report for the year: 2025

Non-Profit Corporation

(CIB) BY 147

→ 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 <u>000124422</u>		2. Exact name of the Corporation <u>COUNTRY VIEW CITIZENS ASSOCIATION</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>COUNTRY VIEW CITIZENS ASSOCIATION is an organization of residents committed to educating and advising homeowners and residents about issues impacting our community.</u>			
4. NAICS Code <u>813410</u>					
6. Principal Office Address <u>213 Hurst Lane P.O. Box 473</u>		City <u>Tiverton</u>		State <u>RI</u>	Zip <u>02878</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>AL AFFONSO</u>			Vice-President Name <u>JANE ROGERS</u>		
Street Address <u>71 BLACKBIRD ST.</u>			Street Address <u>79 Robin Drive</u>		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
Secretary Name <u>DIANE TURNER</u>			Treasurer Name <u>Kathy Perry</u>		
Street Address <u>115 Lark Lane</u>			Street Address <u>92 Robin Drive</u>		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
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 <u>Cathy Camara</u>			Director Name <u>Annette Souza</u>		
Street Address <u>45 Blackbird St.</u>			Street Address <u>50 CARDINAL COURT</u>		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
Director Name <u>COLE EAGLESON</u>			Director Name <u>Kathy Perry</u>		
Street Address <u>69 Lark Lane</u>			Street Address <u>92 Robin Drive</u>		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
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 <u>DIANE TURNER SECRETARY</u>					Date <u>1/17/2025</u>
Signature of Officer/Authorized Representative <u>Diane Turner, Secretary</u>					

MAIL TO:

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