



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 04 2025

Annual Report for the year: 2025

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.

(CIB) BY 147

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

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)