



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Partnership (LP, LLP, LLLP)

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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MAR 31 2025  
BY 9511

|                                                                                                                                                                                                                                    |  |                                                                                                                                           |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>000156965</b>                                                                                                                                                                                            |  | 2. Exact Name of the Partnership<br><b>New Canonchet Cliffs, LP</b>                                                                       |                    |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br><br><b>To provide housing for elderly and handicapped.</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                                                 |  |                                                                                                                                           |                    |
| 6. Principal Office Address<br><b>825 Main St</b>                                                                                                                                                                                  |  | City<br><b>Hope Valley</b>                                                                                                                | State<br><b>RI</b> |
|                                                                                                                                                                                                                                    |  | Zip<br><b>02832</b>                                                                                                                       |                    |
| 7. The name and business address of each general partner or one or more partner(s):<br><i>LP and LLLP only: an amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (foreign).</i> |  |                                                                                                                                           |                    |
| PARTNER                                                                                                                                                                                                                            |  | BUSINESS ADDRESS                                                                                                                          |                    |
| <b>New Alton Housing, INC.</b>                                                                                                                                                                                                     |  | <b>825 Main st, Hope Valley RI 02832- USA</b>                                                                                             |                    |
|                                                                                                                                                                                                                                    |  |                                                                                                                                           |                    |
|                                                                                                                                                                                                                                    |  |                                                                                                                                           |                    |
|                                                                                                                                                                                                                                    |  |                                                                                                                                           |                    |
| 8. Under penalty of perjury, I declare and affirm that I have examined this report, and that all statements contained herein are true and correct.                                                                                 |  |                                                                                                                                           |                    |
| Name of General Partner or Authorized Representative<br><b>William J Canning</b>                                                                                                                                                   |  | Date<br><b>3/25/25</b>                                                                                                                    |                    |
| Signature of General Partner or Authorized Representative<br>                                                                                                                                                                      |  |                                                                                                                                           |                    |

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