STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2025

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000072188	COLONEL WILLIE COVE LANDOWNERS ASSOCIATION
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: ~~Provide for ownership and maintenance of~~ open space property

5. Principal office address	City	State	Zip
JANE CANNON 91 AVONDALE RD	WESTERLY	RI	02891

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
DONNA D. KRUEGER-SIMMONS	87 AVONDALE RD.	WESTERLY	RI	02891

Vice-President Name	Street Address	City	State	Zip
GRANT SIMMONS	SAME			

Secretary Name	Street Address	City	State	Zip
FAYE OVERTON	4 CHAMPLIN DR.	WESTERLY	RI	02891

Treasurer Name	Street Address	City	State	Zip
JANE CANNON	91 AVONDALE RD	WESTERLY	RI	02891

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
BRUCE CONWAY	80 AVONDALE RD	WESTERLY	RI	02891
BEATRICE LOMBARDO	81 AVONDALE RD	WESTERLY	RI	02891

Director Name	Street Address	City	State	Zip
NICHOLAS WOOD	86 AVONDALE RD.	WESTERLY	RI	02891
LUCIEN RAMONDETTA	89 AVONDALE RD.	WESTERLY	RI	02891

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

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AUG 12 2025
BY

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.

Jane Cannon 8/1/25
Signature of Officer or Authorized Representative — Date

JANE CANNON, TREASURER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014