



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 17266		2. Name of Corporation LAKE STAFFORD ACRES, INC.		
3. Street Address Principal Business Office 312 KING RD.		City TIVERTON	State R.I.	Zip 02878
4. Business Phone No. 401-624-2997		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DANIEL E. RHEAUME		Vice President Name NONE AT PRESENT		
Street Address 312 KING RD.		Street Address		
City TIVERTON	State R.I.	Zip 02878	City	State
Secretary Name RICHARD T. CHAGNON		Treasurer Name NORMAND YOKELL		
Street Address 888 FAUNCE CORNER RD.		Street Address 43 TICKLE RD.		
City DARTMOUTH	State MASS	Zip 02747	City WESTPORT	State MASS.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DONALD GUERRERA		Director Name WESLEY WHEELOCK		
Street Address 108 THIBAUT LANE		Street Address THIBAUT LANE		
City TIVERTON	State R.I.	Zip 02878	City TIVERTON	State R.I.
Director Name ALBERT LABOSSIERE		Director Name		
Street Address 121 THIBAUT LANE		Street Address		
City TIVERTON	State R.I.	Zip 02878	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 7,500	Class/Series COMM	Par Value NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date **JAN 30 2012**

Check No. **63298**

By: **BY**

FOR SECRETARY OF STATE USE ONLY

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.

Daniel Rheaume 1-24-12
Signature Date
DANIEL E. RHEAUME
Print or Type Name
PRESIDENT
Title