



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 2015

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. 26240		2. Exact name of the Corporation LAND-N-SEA COMPOUND I PROPERTY OWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ASSOCIATION OF PROPERTY OWNERS			
5. Principal office address 133 OLD TOWER HILL ROAD, STE. 1		City WAKEFIELD	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name DAVID E. KEHOE			Vice-President Name LOUIS COLAVECCHIO		
Street Address 140 CODDINGTON WAY			Street Address 41 CODDINGTON WAY		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name JOHN R. LARIMER			Treasurer Name JOHN R. LARIMER		
Street Address 173 CODDINGTON WAY			Street Address 173 CODDINGTON WAY		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name LOUIS COLAVECCHIO			Director Name JOHN R. LARIMER		
Street Address 41 CODDINGTON WAY			Street Address 173 CODDINGTON WAY		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name ROBERT DOBROWSKI			Director Name		
Street Address 143 CODDINGTON WAY			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 19 2015

BY **133**

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.

Signature of Officer or Authorized Representative

Date

JOHN R. LARIMER, SECRETARY AND TREASURER

Print or Type Name of Officer or Authorized Representative