



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 17266		2. Exact name of the Corporation LAKE STAFFORD ACRES, INC.			
3. Principal office address 312 KING RD.		City TIVERTON	State R.I.	Zip 02878	
4. Business Phone No. 401-624-2997		5. State of Incorporation '			
6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, LEASE, IMPROVE AND SELL REAL PROPERTY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DANIEL E. RHEAUME			Vice-President Name NONE		
Street Address 312 KING RD.			Street Address		
City TIVERTON	State R.I.	Zip 02878	City	State	Zip
Secretary Name RICHARD CHAGNON			Treasurer Name MICHAEL LABOSSIERE		
Street Address 888 FAUNCE CORNER RD.			Street Address 32 PEMBROKE DR.		
City DARTMOUTH	State MASS.	Zip 02747	City NO. DARTMOUTH	State MASS	Zip 02747
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JO-ANNE CHAGNON			Director Name NORMAND YOKELL		
Street Address 888 FAUNCE CORNER RD.			Street Address 43 TICKLE RD.		
City DARTMOUTH	State MASS	Zip 02747	City WESTPORT	State MASS	Zip 02790
Director Name RICHARD VAILLANCOURT			Director Name		
Street Address 90 THIBAUT LANE			Street Address		
City TIVERTON	State R.I.	Zip 02878	City	State	Zip
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.			NUMBER OF SHARES 468	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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 22 2016

BY 101

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 1-15-16
Signature of Authorized Representative Date

DANIEL RHEAUME
Print or Type Name of Authorized Representative