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.	2. Exact name of the Corporation		
17266	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) ☐

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) ☐

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 THIBAULT LANE			Street Address:		
City: TIVERTON	State: R.I.	Zip: 02878	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
468	COMM	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

Form No. 630
Revised 2/2014