



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

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:** 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
26292		LAUREL PARK IMPROVEMENT ASSOCIATION			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		MAINTENANCE OF BEACH + PLAYGROUND; ENVIRONMENTAL AWARENESS			
5. Principal Office Address		City	State	Zip	
48 OVERHILL ROAD		WARREN	RI	02885	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name			
LORI VALES		VACANT AT THIS TIME			
Street Address		Street Address			
48 OVERHILL ROAD					
City	State	Zip	City	State	Zip
WARREN	RI	02885			
Secretary Name		Treasurer Name			
JOAN DE SOUSA		VACANT AT THIS TIME			
Street Address		Street Address			
31 TERRACE AVENUE					
City	State	Zip	City	State	Zip
WARREN	RI	02885			
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
PHIL KEEFE		LORI VALES			
Street Address		Street Address			
12 READ AVENUE		48 OVERHILL ROAD			
City	State	Zip	City	State	Zip
WARREN	RI	02885	WARREN	RI	02885
Director Name		Director Name			
JOAN DE SOUSA					
Street Address		Street Address			
31 TERRACE AVENUE					
City	State	Zip	City	State	Zip
WARREN	RI	02885			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
LORI VALES				5/31/16	
Signature of Officer/Authorized Representative					

**FILED**

JUN 06 2016

By KL 1323