RI SOS Filing Number: 201600991330 Date: 06/23/2016 4:00 PM

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

FILED
JUN 23 2016
BY

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
26240	LAND-SEA COMPOUND I PROPERTY OWNERS ASSOCIATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	ASSOCIATION OF PROPERTY OWNERS

5. Principal Office Address	City	State	Zip
133 OLD TOWER HILL ROAD, STE. 1	WAKEFIELD	RI	02879

6. List ALL officers (names and addresses) Check the box to indicate an 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). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an 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 Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
JOHN R. LARIMER, SECRETARY AND TREASURER	06/20/2016

Signature of Officer/Authorized Representative
John R Larimer

Form No. 631
Revised: 2016

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