RI SOS Filing Number: 201745825060 Date: 6/19/2017 4:00:00 PM

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

Annual Report for the year: 2017
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000151903	**29-31 LAURA STREET HOMEOWNERS ASSOCIATION, INC**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **CONDO ASSOCIATION**
4. NAICS Code: **813910 - Business Assoc**	

6. Principal Office Address	City	State	Zip
P. O. BOX 9298	**PROVIDENCE**	**RI**	**02940**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **WAIMAN LAM**			Vice-President Name **JENNIFER MILLS**		
Street Address **P. O. BOX 9298**			Street Address **P. O. BOX 416**		
City **PROVIDENCE**	State **RI**	Zip **02940**	City **HOPE VALLEY**	State **RI**	Zip **02832**
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **WAIMAN LAM**			Director Name **JENNIFER MILLS**		
Street Address **P. O. BOX 9298**			Street Address **P. O. BOX 416**		
City **PROVIDENCE**	State **RI**	Zip **02940**	City **HOPE VALLEY**	State **RI**	Zip **02832**
Director Name **RICHARD MORNEAU**			Director Name		
Street Address **38 NORTH COURT ST**			Street Address		
City **PROVIDENCE**	State **RI**	Zip **02903**	City	State	Zip

9. 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
WAIMAN LAM, PRESIDENT	**JUNE 15, 2017**

Signature of Officer/Authorized Representative: Waiman Lam

FILED
JUN 19 2017
BY 1581

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017