



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

Annual Report for the year:

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.

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BUS SVCS DIV
2017 JUL 21 PM 1:51

1. Entity ID Number 26292		2. Exact name of the Corporation LAUREL PARK IMPROVEMENT ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NEIGHBORHOOD ASSOCIATION - ENVIRONMENTAL AWARENESS, MAINTENANCE OF BEACH, PLAYGROUND, PARK PROPERTY.	
4. NAICS Code 813410			
6. Principal Office Address 48 OVERHILL ROAD		City WARREN	State RI
		Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LORI VALES		Vice-President Name PHIL KEEFE	
Street Address 48 OVERHILL ROAD		Street Address 12 READ AVENUE	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
Secretary Name DIANE DEAN		Treasurer Name DAVID VALES	
Street Address 21 READ AVENUE		Street Address 48 OVERHILL ROAD	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
8. 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 DINARTE DESOUSA		Director Name PHIL KEEFE	
Street Address 31 TERRACE AVENUE		Street Address 12 READ AVENUE	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
Director Name LORI VALES		Director Name	
Street Address 48 OVERHILL RD		Street Address	
City WARREN	State RI	City	State
Zip 02885		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.			
<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 LORI VALES			Date 6/3/17
Signature of Officer/Authorized Representative <i>Lori Vales</i>			

FILED

JUL 21 2017

BY 308737