



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

Annual Report for the year: 2018
 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 52982		2. Exact name of the Corporation Sunnybrook Farm Property Owners Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To maintain and repair real estate	
4. NAICS Code 531390			
6. Principal Office Address		City	State
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Silvia		Vice-President Name Jason Moriz	
Street Address 211 Sunnybrook Farm Rd		Street Address 242 Sunnybrook Farm Rd	
City Narragansett	State RI	City Narr	State RI
Zip 02882		Zip 02882	
Secretary Name Kathy Cournoyer		Treasurer Name Robert Saabye	
Street Address 239 Sunnybrook Farm Rd		Street Address 235 Sunnybrook Farm Rd	
City Narr.	State RI	City Narr.	State RI
Zip 02882		Zip 02882	
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 Robert Silvia		Director Name Charlotte Silvia	
Street Address 211 Sunnybrook Farm Rd		Street Address 211 Sunnybrook Farm Rd	
City Narr.	State RI	City Narr	State RI
Zip 02882		Zip 02882	
Director Name Carol Reppucci		Director Name None	
Street Address 215 Sunnybrook Farm Rd		Street Address	
City Narr	State RI	City	State
Zip 02882		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 Robert Saabye			Date 6-4-17
Signature of Officer/Authorized Representative Robert Saabye			

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

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