



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

FILED

MAY 20 2019

Annual Report for the year: 2019  
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.

BY

1073 AS

1. Entity ID Number <b>000118369</b>		2. Exact name of the Corporation <b>ACADIA GLEN ESTATES HOMEOWNERS ASSOCIATION, Inc</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>HOME OWNERS ASSOCIATION</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>28 ORCHARD HILL DRIVE</b>		City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JAMES DYNE</b>		Vice-President Name <b>KEVIN ST. LAWRENCE</b>			
Street Address <b>28 ORCHARD HILL DRIVE</b>		Street Address <b>15 ORCHARD HILL DRIVE</b>			
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>
Secretary Name		Treasurer Name <b>MARCIA DYNE</b>			
Street Address		Street Address <b>28 ORCHARD HILL DRIVE</b>			
City	State	Zip	City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SEAN GRUNDY</b>		Director Name <b>KEVIN ST. LAWRENCE</b>			
Street Address <b>18 ORCHARD HILL DRIVE</b>		Street Address <b>15 ORCHARD HILL DRIVE</b>			
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>
Director Name <b>JAMES DYNE</b>		Director Name			
Street Address <b>28 ORCHARD HILL DRIVE</b>		Street Address			
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>	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 <b>JAMES DYNE</b>				Date <b>05/14/19</b>	
Signature of Officer/Authorized Representative <i>James Dyne</i>				SIGN DOCUMENT HERE	