RI SOS Filing Number: 201993860480 Date: 5/20/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:

2019 **Non-Profit Corporation**

MAY 2 0 2019

→ 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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1. Entity ID Number	2. Exact name o	f the Corporation				
000118369	ACADIA GLEN ESTATES HOMEOWNERS ASSEMTION, Ex					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
A. NAICS CODE ON THE OWN TRI ASSOCIATION						
4. NAICS CODE HOME OWN ENS						
6. Principal Office Address	/ -		City	State	Zip	
28 ORCHARD /	28 ORCHARD HILL DRIVE		RICHM OND	2.1	02952	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name JAMES DYNE		Vice-President Name KEVIN ST. LAWRENCE				
Street Address ORCHARD HIL DRIVE		Street Address 15 ORCHARD IHIL DRIVE				
City RICHMONI)	State 7	Zip 0 2892	City RICHMOND	State 2	Zip 02852	
Secretary Name		-	Treasurer Name MARCIA DYNE			
Street Address		Street Address 28 O ReHAAD Itill DAINE				
City	State	Zip	CityRiellmonD	State	Zip 02852	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name SCAN GRUNDY			Director Name KGWA ST. LAWNONCE			
Street Address IN OROHARD HILL DRIVE		Street Address no Ma 20 Afile Direc				
City RICHMOND		Zip 02852	City RICHMOND	State RZ	Zip 0 2692	
Director Name			Director Name			
Street Address 25 ORCHAND HILL DRIVE City DICHMOND State 25 02692		Street Address				
City ZICHMOND	State	Zip 12612	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 TAMES DYNE Signature of Officer/Authorized Representative				Date 05/14/19		
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE						

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov