



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

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.

FILED

JUN 24 2019

BY 1730 DS

| | | | | | |
|---|-----------------|--|--------------------|------------------------|------------------|
| 1. Entity ID Number 52982 | | 2. Exact name of the Corporation Sunnybrook Farm Property Owners Assoc | | | |
| 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 235 Sunnybrook Farm | | City Narragansett | State RI | Zip 02882 | |
| 7. List ALL officers (names and addresses) ec <input type="checkbox"/> Check the box to indicate an attachment | | | | | |
| President Name Robert Silvia | | Vice-President Name Jason Moniz | | | |
| Street Address 211 Sunnybrook Farm Road | | Street Address 242 Sunnybrook Farm Road | | | |
| City Narragansett | State RI | Zip 02882 | City Narr | State RI | Zip 02882 |
| Secretary Name Kathy Cournoyer | | Treasurer Name Robert Saabye | | | |
| Street Address 239 Sunnybrook Farm Road | | Street Address 235 Sunnybrook Farm Road | | | |
| City Narr | State RI | Zip 02882 | City Narr | State RI | Zip 02882 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors <input type="checkbox"/> Check the box to indicate an attachment | | | | | |
| Director Name Robert Silvia | | Director Name Charlotte Silvia | | | |
| Street Address 211 Sunnybrook Farm Road | | Street Address 211 Sunnybrook Farm Road | | | |
| City Narr | State RI | Zip 02882 | City Narr | State RI | Zip 02882 |
| Director Name Carol Reppucci | | Director Name None | | | |
| Street Address 215 Sunnybrook Farm Road | | Street Address | | | |
| City Narr | State RI | Zip 02882 | 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. | | | | | |
| <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 6-20-19 | |
| Signature of Officer/Authorized Representative Robert Saabye | | | | SIGN DOCUMENT HERE | |

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