



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

FILED

MAY 27 2020

BY 1675
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Annual Report for the year:

2020

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 000118369		2. Exact name of the Corporation ACADIA GLEN ESTATES HOMEOWNERS ASSOCIATION INC	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HOMEOWNER ASSOCIATION	
4. NAICS Code 813990			
6. Principal Office Address 28 ORCHARD HILL DRIVE		City RICHMOND	State RI
		Zip 02892	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JAMES DYNE		Vice-President Name KEVIN ST. LAWRENCE	
Street Address 28 ORCHARD HILL DRIVE		Street Address 15 ORCHARD HILL DRIVE	
City RICHMOND	State RI	City RICHMOND	State RI
Zip 02892		Zip 02892	
Secretary Name MARCIA DYNE		Treasurer Name MARIA DYNE	
Street Address 28 ORCHARD HILL DRIVE		Street Address 28 ORCHARD HILL DRIVE	
City RICHMOND	State RI	City RICHMOND	State RI
Zip 02892		Zip 02892	
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 JAMES DYNE		Director Name SEAN GRUNDY	
Street Address 28 ORCHARD HILL DRIVE		Street Address 14 ORCHARD HILL DRIVE	
City RICHMOND	State RI	City RICHMOND	State RI
Zip 02892		Zip 02892	
Director Name KEVIN ST. LAWRENCE		Director Name	
Street Address 15 ORCHARD HILL DRIVE		Street Address	
City RICHMOND	State RI	City	State
Zip 02892		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative JAMES DYNE			Date 5/19/20
Signature of Officer/Authorized Representative <i>James Dyne</i>			SIGN DOCUMENT HERE