RI SOS Filing Number: 202040978080 Date: 5/27/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2020

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

MAY 27 2020

BY 1675

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Entity ID Number	2. Exact name of the Corporation					
000118369	ACADIA GLON ESTATS HOMEOWNERS ASSOCIATION THE					
3 State of Incorporation	5 Brief description of the character of business conducted in Rhode Island					
RIAD & ISLAND	HOMEOWNER ASSOCIATION					
NAICS Code QQD	<i>y y 011</i> , 0 0 0 10 10 10 10 10 10 10 10 10 10 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
6. Principal Office Address 28 ORCHARD H.W.	Dere	City Pro HMOND	State 7	Zip 0 2852		
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name JAMES DYNE		Vice-President Name KSVIN ST. LIWRENCE				
	nd Hill daine	Street Address 15 ORCHARD H.W. DRIVE				
City RICHMOND		City RICHMOND	State	ZID 2892		
Secretary Name MARCIA)	YNE Treasurer Name MAZIN DYNZ					
Street Address 28 ORCHARD	Hill Dairs	Street Address 28 ORCHAILD HILL DZIVE				
City RICHMOND	State 2 Zip 02852	City Rickmond	State	Zip 12812		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name TAME	DYNE	Director Name 56AN GRUNDY				
Street Address 28 Oncilar	es H.U Daive	Street Address 14 ORCHAND HILL 42NC				
City RICHMOND	State P.Z Zip 02892	City RICHMOND	State	2ip 02882		
Director Name **Ecrim 51. Lawrence** Director Name						
Street Address /S ORCHARD 1/1	ic daire	Street Address				
City RICHMOND	State Zip O2852	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, Treesurer, duly Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative Tomas DYNE			Date 5/19/	20		
Signature of Officer/Authorized Representative 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.ri.gov