

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 ESTATSS HOMEOWNERS ASSOCIATION THE | | | | |
| 3 State of Incorporation | 5 Brief description of the character of business conducted in Rhode Island | | | | |
| RIAD & ISLAND | HOMEOWNER ASSOCIATION | | | | |
| 4. NAICS Code 13990 | FTOM | g owner . | 713386141104 | | |
| 6. Principal Office Address 28 ORCHARD HILL DEVE | | | City RICHMOND | State | Zip 02852 |
| 7. List ALL officers (names and addresses) | | | Che | ck the box to indicate | e an attachment |
| President Name JAMES DYNE | | | Vice-President Name | ST. Lou | r R 6 N C E |
| Street Address 28 ORCHARS HILL DRIVE | | | Street Address 15 ORCHAND 14.W DRIVE City RICHMOND State Zip 2892 | | |
| City RICHMOND | State 21 | Zip 0 2 8 9 2 | City RICHMOND | State - | Zip 2892 |
| Secretary Name MARCIA DYNE | | | Treasurer Name Mnzin DYNZ | | |
| Street Address 28 ORCHAND Itill DAINE | | | Street Address 28 ORCHAILD HILL DZIVE City RICHMOND State Zip 12852 | | |
| City RICHMOND | State 2 I | Zip 02852 | City Richmond | State | Zip |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment | | | | | |
| Director Name James DYNE | | | Director Name 56AN GRUNDY | | |
| Street Address 28 ORCHARS H. U DAIVE City RICHMOND State RE Zip 02892 | | | Street Address 14 ORCHAND HILL AZWE | | |
| City RICHMOND | State P.Z | Zip 02892 | City RICISMOND | State | 2ip 01681 |
| Director Name KGVIN ST. LAWRENCE | | | Director Name | | |
| Street Address 15 ORCHAND 11.1C DRIVE City D State Zip | | | Street Address | | |
| City RICHMOND | State R | Zip 02852 | 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 | | | | Date | / |
| JAMES DYNE 5/19/20 | | | | | |
| Signature of Officer/Authorized Representative SECN 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