



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

FILED

MAY 27 2020

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.

BY

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