



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

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.

FILED

JUN 22 2020

1748

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 Rd		City Narragansett	State RI
		Zip 02882	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ROBERT SILVIA		Vice-President Name JASON MONIZ	
Street Address 211 Sunnybrook Farm Rd		Street Address 242 Sunnybrook Farm Rd	
City Narragansett	State RI	City Narr	State RI
Zip 02882		Zip 02882	
Secretary Name Kathy Cournoyer		Treasurer Name Robert Saabye	
Street Address 239 Sunnybrook Farm Rd		Street Address 235 Sunnybrook Farm Rd	
City Narr	State RI	City Narr	State RI
Zip 02882		Zip 02882	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Robert Silvia		Director Name Tonia Durfee	
Street Address 211 Sunnybrook Farm Rd		Street Address 221 Sunnybrook Farm Rd	
City Narr	State RI	City Narr	State RI
Zip 02882		Zip 02882	
Director Name Mackenzie Flynn		Director Name Andre Cournoyer	
Street Address 205 Sunnybrook Farm Rd		Street Address 239 Sunnybrook Farm Rd	
City Narr	State RI	City Narr	State RI
Zip 02882		Zip 02882	
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 ROBERT SAABYE			Date 6-10-20
Signature of Officer/Authorized Representative Robert Saabye			

## MAIL TO:

Division of Business Services  
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