



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 *W*

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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 RJ	Zip 02882	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02882	City Narr	State RI	Zip 02882
Secretary Name Kathy Lournoyer			Treasurer Name Robert Saabye		
Street Address 239 Sunnybrook Farm Rd			Street Address 235 Sunnybrook Farm Rd		
City Narr	State RI	Zip 02882	City Narr	State RI	Zip 02882
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 Robert Silvia			Director Name Tonia Durfee		
Street Address 211 Sunnybrook Farm Rd			Street Address 221 Sunnybrook Farm Rd		
City Narr	State RI	Zip 02882	City Narr	State RI	Zip 02882
Director Name Mackenzie Flynn			Director Name Andre Lournoyer		
Street Address 205 Sunnybrook Farm Rd			Street Address 239 Sunnybrook Farm Rd		
City Narr	State RI	Zip 02882	City Narr	State RI	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative ROBERT SAABYE				Date 6-10-20	
Signature of Officer/Authorized Representative <i>Robert Saabye</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov