



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

Annual Report for the year: 2019

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.

1. Entity ID Number 151903		2. Exact name of the Corporation 29-31 LAURA ST HOMEOWNERS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RESIDENTIAL RENTAL			
4. NAICS Code 531110					
6. Principal Office Address PO BOX 9298			City PROVIDENCE	State RI	Zip 02940
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WAIMAN LAM			Vice-President Name JENNIFER MILLS		
Street Address 27 RIVER BANK DR			Street Address 187 DYE HILL RD		
City CUMBERLAND	State RI	Zip 02864	City HOPE VALLEY	State RI	Zip 02832
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 WAIMAN LAM			Director Name JENNIFER MILLS		
Street Address 27 RIVER BANK DR			Street Address 187 DYE HILL RD		
City CUMBERLAND	State RI	Zip 02864	City HOPE VALLEY	State RI	Zip 02832
Director Name GREGORY LAM			Director Name NONE		
Street Address 702 RANDOLPH AVE			Street Address		
City MILTON	State MA	Zip 02186	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.					
<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 WAIMAN LAM					Date JUNE 4, 2019
Signature of Officer/Authorized Representative <i>Waiman Lam</i>					SIGN DOCUMENT HERE

RECEIVED
 AUG - 3 PM 2019
 RI DEPT OF STATE
 BUS SVCS DIV

FILED

MAR. TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

AUG 03 2020
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 A.A. 12:14 P.M.