



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

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Annual Report for the year: **2009**  
Non-Profit Corporation

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- 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<br><b>000026302</b>   |                 | 2. Exact name of the Corporation<br><b>Lawrence Sunset Cove Association</b>   |  |                         |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>To serve, educate, and advise to the homeowners/residents of the Association information pertaining to Public Drinking Water.</b> |  |                         |                     |
| 4. NAICS Code<br><b>813990 - Other Similar Orga</b>   |                 |   |  |                         |                     |
| 6. Principal Office Address<br><b>100 Lawrence Court</b>  |                 |   | City<br><b>Tiverton</b>                  | State<br><b>RI</b>      | Zip<br><b>02878</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |  |                         |                     |
| President Name <b>Jimmy Duckett</b>   |                 |   | Vice-President Name <b>Rick Helger</b>   |                         |                     |
| Street Address <b>100 Lawrence Court</b>  |                 |   | Street Address <b>100 Lawrence Court</b> |                         |                     |
| City <b>Tiverton</b>  | State <b>RI</b> | Zip <b>02878</b>  | City <b>Tiverton</b>                     | State <b>RI</b>         | Zip <b>02878</b>    |
| Secretary Name <b>Shir-Lee Cates</b>  |                 |   | Treasurer Name <b>Mike Duckett</b>       |                         |                     |
| Street Address <b>100 Lawrence Court</b>  |                 |   | Street Address <b>100 Lawrence Court</b> |                         |                     |
| City <b>Tiverton</b>  | State <b>RI</b> | Zip <b>02878</b>  | City <b>Tiverton</b>                     | State <b>RI</b>         | Zip <b>02878</b>    |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                 |   |  |                         |                     |
| Director Name <b>Jimmy Duckett</b>  |                 |   | Director Name <b>Rick Helger</b>         |                         |                     |
| Street Address <b>100 Lawrence Court</b>  |                 |   | Street Address <b>100 Lawrence Court</b> |                         |                     |
| City <b>Tiverton</b>  | State <b>RI</b> | Zip <b>02878</b>  | City <b>Tiverton</b>                     | State <b>RI</b>         | Zip <b>02878</b>    |
| Director Name <b>Shir-Lee Cates</b>   |                 |   | Director Name <b>Rick Helger</b>         |                         |                     |
| Street Address <b>100 Lawrence Court</b>  |                 |   | Street Address <b>100 Lawrence Court</b> |                         |                     |
| City <b>Tiverton</b>  | State <b>RI</b> | Zip <b>02878</b>  | City <b>Tiverton</b>                     | State <b>RI</b>         | Zip <b>02878</b>    |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.   |                 |   |  |                         |                     |
| <b>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.</b> |                 |   |  |                         |                     |
| <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<br><b>Kevin D. Noyes</b>  |                 |   |  | Date<br><b>8/8/2020</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Kevin D. Noyes</i>   |                 |   |  |                         |                     |

MAIL TO:  
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