RI SOS Filing Number: 202048941770 Date: 8/21/2020 3:42:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SYCS DIV

Annual Report for the year: Non-Profit Corporation

2003

2020 AUG 21 PM 3: 30

-> 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		2. Exact name of the Corporation				
000026302	Lawre	Lawrence Sunset Cove Association				
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island		To serve, educate, and advise to the homeowners/residents of the Association				
4. NAICS Code		information pertaining to Public Drinking Water.				
813990 - Other Similar Orga						
6. Principal Office Address			City	State	Zip	
100 Lawrence Court			Tiverton	RI	02878	
7. List ALL officers (names and ad	(dresses			Check the box to indic	ale an attachment	
President Name Lisa Glowacki			Vice-President Name William Griffiths			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878	
Secretary Name Shir-Lee Cates			Treasurer Name Bob Ferrera			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	^{Zip} 02878	
8. List ALL directors (names and a	iddresses). RI C	Corporations MUST	list at least THREE directors.	. Check the box to Indica	ate en attachment	
Director Name Lisa Glowacki			Director Name William Griffiths			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
^{City} Tiverton	State RI	^{Zip} 02878	City Tiverton	State RI	^{Zip} 02878	
Director Name Shir-Lee Cates			Director Name Bob Ferrera			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	^{Zip} 02878	
9. Registered Agent in Rhode Islan	nd, This informati	ion is currently of recor	rd in the Department of State. Ch	nanges require filing Form 64	1.	
Under penalty of perjury, I decla statements, and that all stateme	re and affirm t	that I have examine	ed this report, including any			
This report must be signed by either the Pre	sident, Vice-Preside			Representative, Receiver or Trus	fee	
Name of Officer/Authorized Representative						
Kevin D. Noyes				8/8/2	2020	
Signature of Officer/Authorized Rep	resentative	Lover X	Morris -			

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

BY KW90A

1.H. 3.42PM FORM 631 - Revised: 06/2019