

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: 2001 **Non-Profit Corporation**

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 000026302		2. Exact name of the Corporation Lawrence Sunset Cove Association				
3. State of Incorporation	5. Brief desc	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 Org		-	•			
6. Principal Office Address			City	State	Zip	
100 Lawrence Court			Tiverton	RI	02878	
7. List ALL officers (names and a	ddresses)			Check the box to Indic	ate an attachment	
President Name Helen Carter			Vice-President Name Pete Cabral			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
City Tiverton	State RI	^{Zip} 02878	City Tiverton	State RI	Zip 02878	
Secretary Name Gerri Powers			Treasurer Name Carol Lafleur			
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	addresses). RI (Corporations MUST	list at least THREE directors.			
Director Name Helen Carter			Check the box to indicate an attachment Director Name Pete Cabral			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
City Tiverton	State RI	^{Zip} 02878	City Tiverton	State RI	Zip 02878	
Director Name Gerri Powers			Director Name Carol Lafleur			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
^{City} Tiverton	State RI	Zip 02878	City Tiverton	State RI	^{Zip} 02878	
Registered Agent in Rhode Isl	and. This Informat	on is currently of reco		anges require filing Form 64		
Under penalty of perjury, I dec statements, and that all statem	lare and affirm t	hat i have examine	ed this report, including any			
This report must be signed by either the P				Representative, Receiver or Trus	100	
Name of Officer/Authorized Repr	esentative		· · · · · · · · · · · · · · · · · · ·	Date , 1		
Kevin D. Noyes					2020	
Signature of Officer/Authorized R	epresentative	SICN DOZ	Others			
		-00000	1600			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

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