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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

1999

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 Lawrence Sunset Cove Association				
000026302					
3. State of Incorporation	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 indi	cate an attachment
President Name Tom Carter			Vice-President Name Darwin Shearman		
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court		
City Tiverton	State RI	^{Zip} 02878	City Tiverton	State RI	^{Zip} 02878
Secretary Name Gloria Parkington			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 ad	dresses). RI Co	orporations MUST	list at least THREE directors.		
Director Name Tom Carter			Check the box to Indicate an attachment L. Director Name Darwin Shearman		
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court		
^{City} Tiverton	State RI	^{Zip} 02878	City Tiverton	State RI	^{Zip} 02878
Director Name Gloria Parkingtor	1		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 Islan	d. This information	n is currently of recor	d in the Department of State. Ch	nanges require filing Form 6	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm th	at i have examine	d this report, including an		
This report must be algred by either the Pres				Representative, Receiver or Tru	stee.
Name of Officer/Authorized Representative				Date	
Kevin D. Noyes				8/8/3	2020
Signature of Officer/Authorized Rep	resentative	Slow: B.	WE STATE		
	/re	verois.	officies -	II ED	
			<i>''</i>	B tree land Land	/ 1

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

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