

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** 

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 Evad na	no of the Composition				
000026302		2. Exact name of the Corporation  Lawrence Sunset Cove Association				
State of Incorporation						
Rhode Island		5. Brief description of the character of business conducted in Rhode Island				
	To serve,	To serve, educate, and advise to the homeowners/residents of the Association Information pertaining to Public Drinking Water.				
4. NAICS Code		on pertaining to P	'ublic Drinking Water.			
813990 - Other Similar On	gai					
6. Principal Office Address			City	State	Zip	
100 Lawrence Court			Tiverton	RI	02878	
7. List ALL officers (names and	addresses)			Check the box to ind	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	<sup>Zip</sup> 02878	
Secretary Name Gloria Parkington			Treasurer Name Carol Lafleur			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
City Tiverton	State RI	<sup>Zip</sup> 02878	City Tiverton	State RI	Zip 02878	
8. List ALL directors (names an	d addresses). RI (	Corporations 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			
<sup>City</sup> Tiverton	State RI	<sup>Zip</sup> 02878	City Tiverton	State RI	<sup>Zip</sup> 02878	
Director Name Gloria Parkington			Director Name Carol Lafleur			
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court			
<sup>City</sup> Tiverton	State RI	Zip 02878	Cily Tiverton	State RI	<sup>Zip</sup> 02878	
<ol><li>Registered Agent in Rhode Is</li></ol>	sland. This informat	ion is currently of recor	rd in the Department of State. Ch			
Under penalty of perjury, I de statements, and that all states	clare and affirm t	hat i have examine	d this report, including en			
This report must be signed by either the				Representative, Receiver or Tru	stee.	
Name of Officer/Authorized Rep				Date		
Kevin D. Noyes				8/8/3	2020	
Signature of Officer/Authorized F	Representative	/ 61	M		<del></del> -	
	The	evrill S.	Milejes =	u ED		

MAIL TO:

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

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