



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

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Annual Report for the year: **1993**

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 Rhode Island		5. Brief description of the character of business conducted in Rhode Island To serve, educate, and advise to the homeowners/residents of the Association information pertaining to Public Drinking Water.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 100 Lawrence Court		City Tiverton		State RI	Zip 02878
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tom Carter		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 Parkington		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
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Kevin D. Noyes				Date 8/8/2020	
Signature of Officer/Authorized Representative <i>Kevin D. Noyes</i> FILED					

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

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FORM 631 - Revised: 06/2019