1	1	ļ
(ار	1

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

202	1	

JUN 0 7 2021 🗸

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY	1702

1. Entity ID Number	2. Exact name o	f the Corporation					
000026302	Lawrence Sunset Cove Association						
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 Or							
6. Principal Office Address			City	State	Zip		
100 Lawrence Court	Lawrence Court			R.I.	02878		
7. List ALL officers (names and add	Iresses)			ck the box to indicate	e an attachment 🗾		
President Name Kevin D. Noyes			Vice-President Name Jim Duckett				
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court				
City Tiverton	State R.I.	Zip 02878	City Tiverton	State R.I.	^{Zip} 02878		
Secretary Name Lori Noyes			Treasurer Name Mike Duckett				
Street Address 100 Lawrence Court		Street Address 100 Lawrence Court					
^{City} Tiverton	State R.I.	^{Zip} 02878	City Tiverton	State R.I.	^{Zip} 02878		
8. List ALL directors (names and ac	dresses). RI Con	porations MUST li	st at least THREE directors.	ck the box to indicate	e an attachment		
Director Name Kevin D. Noyes			Director Name Jim Duckett				
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court				
^{City} Tiverton	State R.I.	Zip 02878	City Tiverton	State R.I.	^{Zip} 02878		
Director Name Lori Noyes			Director Name Mike Duckett				
Street Address 100 Lawrence Court			Street Address 100 Lawrence Court				
City Tiverton	State R.I.	^{Zip} 02878	City Tiverton	State R.I.	^{Zip} 02878		
9. Registered Agent in Rhode Islan	d. This information	is currently of record	I in the Department of State. Changes req	uire 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, Treesurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative			Date				
Kevin D. Noyes				June 1, 2021			
Signature of Officer/Authorized Representative							
Kerin D. Noyls							

MAJL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

Entity Id No.: 000026302

List ALL officers (names and addresses).

Co-Vice President: David Noyes

100 Lawrence Court

Tiverton, RI 02878

List ALL directors (names and addresses).

Director Name: David Noyes

100 Lawrence Court

Tiverton, RI 02878