

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
 Non-Profit Corporation

JUL 21 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 226 D
 Thorpe Lane Estates Homeowners Ass

1. Entity ID Number <u>000069600</u>	2. Exact name of the Corporation <u>T</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>It is a homeowners' association</u>
4. NAICS Code <u>813990</u>	

6. Principal Office Address <u>4 Thorpe Lane</u>	City <u>Richmond</u>	State <u>RI</u>	Zip <u>02892</u>
---	-------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name <u>Robert Berczuk</u>				Vice-President Name <u>Richard McGowan</u>			
Street Address <u>4 Thorpe Lane</u>				Street Address <u>6 Thorpe Lane</u>			
City <u>Richmond</u>	State <u>RI</u>	Zip <u>02892</u>	City <u>Richmond</u>	State <u>RI</u>	Zip <u>02892</u>		
Secretary Name <u>Sarah Tracy</u>				Treasurer Name			
Street Address <u>10 Thorpe Lane</u>				Street Address			
City <u>Richmond</u>	State <u>RI</u>	Zip <u>02892</u>	City	State	Zip		

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 <u>SAA Same as above</u>				Director Name <u>SAA Same as above</u>			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name <u>SAA Same as above</u>				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		

9 The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Robert Berczuk</u>	Date <u>6/18/21</u>
Signature of Officer/Authorized Representative <u>Robert Berczuk</u>	