



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 AUG 12 PM 12:52

1. Entity ID Number 44565		2. Exact name of the Corporation LARCHWOOD HOMEOWNERS ASSOCIATION, INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NEIGHBORHOOD IMPROVEMENT/MAINTENANCE	
4. NAICS Code 813990			
6. Principal Office Address PO Box 6074		City WARWICK	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KEVIN FOX		Vice-President Name TOM IMONDI	
Street Address 5 MACERA CIRCLE		Street Address 322 LARCHWOOD DRIVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02886		Zip 02886	
Secretary Name EMIL PRESSER		Treasurer Name ROBERT PRESSER	
Street Address 56 ARROWHEAD WAY		Street Address 56 ARROWHEAD WAY	
City WARWICK	State RI	City WARWICK	State RI
Zip 02886		Zip 02886	
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 KEVIN FOX		Director Name TOM IMONDI	
Street Address 5 MACERA CIRCLE		Street Address 322 LARCHWOOD DRIVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02886		Zip 02886	
Director Name ROBERT PRESSER		Director Name	
Street Address 56 ARROWHEAD WAY		Street Address	
City WARWICK	State RI	City	State
Zip 02886		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative ROBERT H PRESSER		Date 8/12/21	
Signature of Officer/Authorized Representative <i>Robert H Presser</i>			

FILED

AUG 12 2021
BY MVBGL A.A. 1:00pm