



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018
 Non-Profit Corporation

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 AUG 12 PM 12:52

- 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 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 02887	
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 I MONDI			
Street Address 5 MACERA CIRCLE		Street Address 322 LARCHWOOD DRIVE			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name ENID PRESSER		Treasurer Name ROBERT PRESSER			
Street Address 56 ARROWHEAD WAY		Street Address 56 ARROWHEAD WAY			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	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 I MONDI			
Street Address 5 MACERA CIRCLE		Street Address 322 LARCHWOOD DRIVE			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name ROBERT PRESSER		Director Name			
Street Address 56 ARROWHEAD WAY		Street Address			
City WARWICK	State RI	Zip 02886	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.					
<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

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

AUG 12 2021
 BY MVBCI A.A. 12:57 P.M.