State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2015
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.

1. Entity ID Number	2. Exact name of the Corporation
44565	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	City	State	Zip
PO BOX 6074	WARWICK	RI	02887

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
KEVIN FOX	TOM IMONDI
Street Address: 5 MACERA CIRCLE	Street Address: 322 LARCHWOOD DRIVE
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02886
Secretary Name	**Treasurer Name**
ENID PRESSER	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 ☐

Director Name	Director Name
KEVIN FOX	TOM IMONDI
Street Address: 5 MACERA CIRCLE	Street Address: 322 LARCHWOOD DRIVE
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02886
Director Name	**Director Name**
ROBERT PRESSER	
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.

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	Date
ROBERT H PRESSER	8/12/21

Signature of Officer/Authorized Representative: Robert H Presser

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AUG 12 2021
BY MVBC1
A.A. 12:54 pm.

MAIL TO:
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