



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

FILED

JAN 25 2023

BY 1082
OS

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000118369		2. Exact name of the Corporation ACADIA GLEN ESTATE HOMEOWNERS ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HOMEOWNERS ASSOCIATION	
4. NAICS Code 51110			
6. Principal Office Address 28 ORCHARD HILL DRIVE		City RICHMOND	State RI
		Zip 02892	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JAMES DYNZ		Vice-President Name KEVIN ST. LAWRENCE	
Street Address 28 ORCHARD HILL DRIVE		Street Address 15 ORCHARD HILL DRIVE	
City RICHMOND	State RI	Zip 02892	City RICHMOND
			State RI
			Zip 02892
Secretary Name MARCIA DYNZ		Treasurer Name MARCIA DYNZ	
Street Address 28 ORCHARD HILL DRIVE		Street Address 28 ORCHARD HILL DRIVE	
City RICHMOND	State RI	Zip 02892	City RICHMOND
			State RI
			Zip 02892
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 JAMES DYNZ		Director Name SEAN GRANDY	
Street Address 28 ORCHARD HILL DRIVE		Street Address 14 ORCHARD HILL DRIVE	
City RICHMOND	State RI	Zip 02892	City RICHMOND
			State RI
			Zip 02892
Director Name KEVIN ST. LAWRENCE		Director Name	
Street Address 15 ORCHARD HILL DRIVE		Street Address	
City RICHMOND	State RI	Zip 02892	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.			
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative JAMES DYNZ		D. 1/23/23	
Signature of Officer/Authorized Representative <i>James Dyz</i>			

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