



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

FILED

JAN 25 2023

BY 1082

- 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 <u>000118369</u>		2. Exact name of the Corporation <u>ACADIA GLEN ESTATE HOMEOWNERS ASSOCIATION</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>HOMEOWNERS ASSOCIATION</u>	
4. NAICS Code <u>51110</u>			
6. Principal Office Address <u>28 ORCHARD HILL DRIVE</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>JAMES DYNZ</u>		Vice-President Name <u>KEVIN ST. LAWRENCE</u>	
Street Address <u>28 ORCHARD HILL DRIVE</u>		Street Address <u>15 ORCHARD HILL DRIVE</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>MARCIA DYNZ</u>		Treasurer Name <u>MARCIA DYNZ</u>	
Street Address <u>28 ORCHARD HILL DRIVE</u>		Street Address <u>28 ORCHARD HILL DRIVE</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>
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>JAMES DYNZ</u>		Director Name <u>SEAN GRADY</u>	
Street Address <u>28 ORCHARD HILL DRIVE</u>		Street Address <u>14 ORCHARD HILL DRIVE</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>
Director Name <u>KEVIN ST. LAWRENCE</u>		Director Name	
Street Address <u>15 ORCHARD HILL DRIVE</u>		Street Address	
City <u>RICHMOND</u>	State <u>RI</u>	Zip <u>02892</u>	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>JAMES DYNZ</u>		D. <u>11/23/23</u>	
Signature of Officer/Authorized Representative <u>James Dyz</u>			

MAIL TO:
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Website: www.sos.n.gov