



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 09 2023

BY: 2344

1. Entity ID Number 000158747		2. Exact name of the Corporation Country Lane Estates			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation and maintenance of the Country Lane Estaes Condo			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 786 Oaklawn Avenue		City Cranston		State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mohamad Alsabek		Vice-President Name Keith Prue			
Street Address 6 Greenville Avenue		Street Address PO Box 114117			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Keith Prue		Treasurer Name Yao Chen			
Street Address PO Box 114117		Street Address 119 Jacksonia Drive			
City Cranston	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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 Mohamad Alsabek		Director Name Yao Chen			
Street Address 6 Greenville Avenue		Street Address 119 Jacksonia Drive			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Director Name Keith Prue		Director Name			
Street Address PO Box 114117		Street Address			
City North Providence	State RI	Zip 02911	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 Mohamad Alsabek				Date 2-4-23	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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