



State of Rhode Island
Department of State - Business Services Division

APR 26 2023
 4643⁵⁸

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001683106	2. Exact name of the Corporation Carriage Cove Homeowners' Association, Inc.
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3. Principal Office Address 300 Centerville Road, Summit East, Suite 330	City Warwick	State RI	Zip 02886
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4. NAICS Code 813990	6. Brief description of the character of business conducted in Rhode Island Homeowners' association and other lawful purposes.
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David T. Lavigne			Vice-President Name Ernest Pullano		
Street Address 1 Carriage Cove Court			Street Address 65 Island Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Daniel W. Lavigne			Treasurer Name Christopher Lavigne		
Street Address 3 Carriage Cove Court			Street Address 4 Carriage Cove Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David T. Lavigne			Director Name Daniel W. Lavigne		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name Ernest Pullano			Director Name Christopher Lavigne		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	C. ASS/SERIES	PAR VALUE
	500	Common	No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee
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.

Name of Authorized Representative David T. Lavigne	Date 4-8-2023
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Signature of Authorized Representative