



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2023

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAY -4 PM 1:05

1. Entity ID Number 000073959		2. Exact name of the Corporation Fairlawn Terrace Condominium Association Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate and administer the Condominium complex.			
4. NAICS Code 813990					
6. Principal Office Address PO Box 324			City Lincoln	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michel Robert Rocheleau			Vice-President Name Robert Sheehan		
Street Address 320 Norwood Ave			Street Address 184 Argol St		
City Wanwick	State RI	Zip 02888	City Pawtucket	State RI	Zip 02860
Secretary Name Nicole Kennedy			Treasurer Name Lorraine M. Rocheleau		
Street Address 188 Argol St			Street Address 174 Argol St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Judy Kerr			Director Name Lorraine M. Rocheleau		
Street Address 186 Argol St.			Street Address 174 Argol St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Nicole Kennedy			Director Name		
Street Address 188 Argol St.			Street Address		
City Pawtucket	State RI	Zip 02860	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Robert Sheehan				Date 4/29/23	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

FILED

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

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 BY A.A.
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