



State of Rhode Island
Department of State - Business Services Division

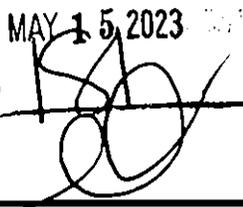
Annual Report for the year: 2023

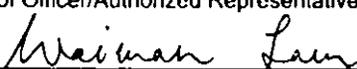
Non-Profit Corporation

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

FILED

MAY 15 2023

BY 

1. Entity ID Number 151903		2. Exact name of the Corporation 29-31 LAURA STREET HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RESIDENTIAL RENTAL*			
4. NAICS Code 551110					
6. Principal Office Address P. O. BOX 9298			City PROVIDENCE	State RI	Zip 02940
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WAIMAN LAM			Vice-President Name JENNIFER MILLS		
Street Address 27 RIVER BANK DR			Street Address 187 DYE HILL RD		
City CUMBERLAND	State RI	Zip 02864	City HOPE VALLEY	State RI	Zip 02832
Secretary Name ANDREW MCQUESTEN			Treasurer Name		
Street Address 29 LAURA ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
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 WAIMAN LAM			Director Name JENNIFER MILLS		
Street Address 27 RIVER BANK DR			Street Address 187 DYE HILL RD		
City CUMBERLAND	State RI	Zip 02864	City HOPE VALLEY	State RI	Zip 02832
Director Name ANDREW MCQUESTEN			Director Name		
Street Address 29 LAURA ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 WAIMAN LAM				Date MAY 12, 2023	
Signature of Officer/Authorized Representative 					

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