



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

FEB 29 2024

19668

1. Entity ID Number 001752365		2. Exact name of the Corporation Steere Farm Estates Homeowners' Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners' Association			
4. NAICS Code 813990					
6. Principal Office Address 160 Crystal View Drive			City Pascoag	State RI	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven L. Lavergne			Vice-President Name Allysse Connor		
Street Address 85 Crystal View Drive			Street Address 20 Crystal View Drive		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Lyal Tonelli			Treasurer Name Paul A. Pappalardo		
Street Address 160 Crystal View Drive			Street Address 45 Crystal View Drive		
City Pascoag	State RI	Zip 02850	City Pascoag	State RI	Zip 02859
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 Steven L. Lavergne			Director Name Paul A. Pappalardo		
Street Address 85 Crystal View Drive			Street Address 45 Crystal View Drive		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Director Name Lyal Tonelli			Director Name		
Street Address 160 Crystal View Drive			Street Address		
City Pascoag	State RI	Zip 02859	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 Steven L. Lavergne, President				Date 01/29 12024	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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