



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 15 2024

BY 370
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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.

1. Entity ID Number 000100016		2. Exact name of the Corporation FRANCISCAN APOSTOLIC SISTERS AUXILIARY (FASA)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide volunteer services to carry on the charity mission of the Franciscan Apostolic Sisters			
4. NAICS Code 813212					
6. Principal Office Address 66 Fifth Avenue		City East Greenwich		State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wilma Lingad			Vice-President Name Evelyn Guerzon		
Street Address 16 Secatogue			Street Address 494 Church Avenue		
City East Islip	State NY	Zip 11730	City Warwick	State RI	Zip 02889
Secretary Name Arlene Abueg			Treasurer Name Sister Lourdes de Leon, FAS		
Street Address 48 Pine Orchard Rd			Street Address 66 Fifth Avenue		
City West Warwick	State RI	Zip 02893	City East Greenwich	State RI	Zip 02818
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 Sister Zenaida Vasallo, FAS			Director Name Efren De Jesus		
Street Address 622 PutnamPike			Street Address 123 Cowessett Rd		
City Greenville	State RI	Zip 02828	City Warwick	State RI	Zip 02886
Director Name Sister Nemesia Licayu, FAS			Director Name Prudencio Canlas		
Street Address 622 PutnamPike			Street Address 201 Lantern Lane		
City Greenville	State RI	Zip 02828	City North Kingstown	State RI	Zip 02852
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 Sister Lourdes de Leon, FAS					Date March 12, 2024
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



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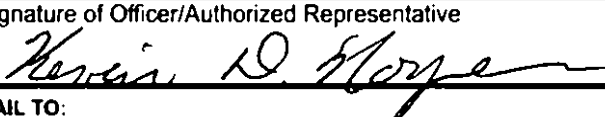
MAR 15 2024

Annual Report for the year: 2024

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BY _____

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1. Entity ID Number 000026302		2. Exact name of the Corporation Lawrence Sunset Cove Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To serve, educate, and advise to the homeowners/residents of the association information pertaining to Public Drinking Water	
4. NAICS Code 813990			
6. Principal Office Address 100 Lawrence Court		City Tiverton	State R.I.
			Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kevin D. Noyes		Vice-President Name Jim Duckett	
Street Address 100 Lawrence Court		Street Address 100 Lawrence Court	
City Tiverton	State R.I.	City Tiverton	State R.I.
	Zip 02878		Zip 02878
Secretary Name Lisa Glowacki		Treasurer Name Mike Duckett	
Street Address 100 Lawrence Court		Street Address 100 Lawrence Court	
City Tiverton	State R.I.	City Tiverton	State R.I.
	Zip 02878		Zip 02878
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 Kevin D. Noyes		Director Name Jim Duckett	
Street Address 100 Lawrence Court		Street Address 100 Lawrence Court	
City Tiverton	State R.I.	City Tiverton	State R.I.
	Zip 02878		Zip 02878
Director Name Lisa Glowacki		Director Name Mike Duckett	
Street Address 100 Lawrence Court		Street Address 100 Lawrence Court	
City Tiverton	State R.I.	City Tiverton	State R.I.
	Zip 02878		Zip 02878
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 Kevin D. Noyes			Date March 12, 2024
Signature of Officer/Authorized Representative 			

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