



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.

FILED

APR 01 2024

BY 25510

1. Entity ID Number 000158747		2. Exact name of the Corporation Country Lane Estates Condominium Association Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation and maintenance of the Country Lane Estates Condos			
4. NAICS Code 813910					
6. Principal Office Address 786 Oaklawn Avenue			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Mohamad Alsabek			Vice-President Name Keith Prue		
Street Address 6 Greenville Avenue			Street Address PO Box 114117		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Keith Prue			Treasurer Name Yao Chen		
Street Address PO Box 114117			Street Address 119 Jacksonia Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mohamad Alsabek			Director Name Yao Chen		
Street Address 6 Greenville Avenue			Street Address 119 Jacksonia Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Director Name Keith Prue			Director Name		
Street Address PO Box 114117			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 Mohamad Alsabek				Date 3-29-24	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services  
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