



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 03 2024

091 117

1. Entity ID Number 001683106		2. Exact name of the Corporation Carriage Cove Homeowners' Association, Inc.												
3. Principal Office Address 300 Centerville Road, Summit East, Suite 330			City Warwick	State RI	Zip 02886									
4. NAICS Code 813990		6. Brief description of the character of business conducted in Rhode Island Homeowners' association and other lawful purposes.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name David T. Lavigne			Vice-President Name Ernest Pullano											
Street Address 1 Carriage Cove Court			Street Address 65 Island Drive											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
Secretary Name Daniel W. Lavigne			Treasurer Name Christopher Lavigne											
Street Address 3 Carriage Cove Court			Street Address 4 Carriage Cove Court											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name David T. Lavigne			Director Name Daniel W. Lavigne											
Street Address Same			Street Address Same											
City	State	Zip	City	State	Zip									
Director Name Ernest Pullano			Director Name Christopher Lavigne											
Street Address Same			Street Address Same											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	Common	No Par												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.														
Name of Authorized Representative David T. Lavigne				Date 4-4-2024										
Signature of 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