



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

JAN 16 2025

BY 1161

1. Entity ID Number 000017266		2. Exact name of the Corporation LAKE STAFFORD ACRES, INC			
3. Principal Office Address 90 THIBAUT LANE			City TIVERTON		State RI
			Zip 02878		
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, LEASE, IMPROVE AND SELL REAL PROPERTY			
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 JAMES PERRY			Vice-President Name N/A		
Street Address 9 TRUMAN STREET			Street Address		
City WESTPORT	State MA	Zip 02790	City	State	Zip
Secretary Name ADAM S CARON			Treasurer Name JENNIFER C CARON		
Street Address 90 THIBAUT LANE			Street Address 90 THIBAUT LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KYLE AUGUSTUS			Director Name MICHAEL LAMOTHE		
Street Address 108 THIBAUT LANE			Street Address 121 THIBAUT LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name MAURICE LAMOTHE			Director Name		
Street Address 121 THIBAUT LANE			Street Address		
City TIVERTON	State RI	Zip 02878	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.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		7500.00	CNP	0.00	
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. <i>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>					
Name of Authorized Representative JENNIFER C CARON				Date 1/13/2025	
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