



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JUL 02 2018

BY

324

Annual Report for the year: 2018
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 20899		2. Exact name of the Corporation Lippitt Estate Community Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To enhance the lives of the residents of Lippitt Estate Community.	
4. NAICS Code 813311			
6. Principal Office Address 74 Beach Road		City Cumberland	State RI
		Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kathleen Sweetman		Vice-President Name Deborah McGrath	
Street Address Summit Road		Street Address Lippitt Avenue	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Margaret Hanley		Treasurer Name Jack Boudreau	
Street Address Park View Trail		Street Address 74 Beach Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
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 Charles Sweetman		Director Name Fred Hanley	
Street Address Summit Road		Street Address Park View Trail	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Director Name E. Michael McGrath		Director Name	
Street Address Lippitt Avenue		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Jack Boudreau			Date 6-29-18
Signature of Officer/Authorized Representative Jack Boudreau, Treasurer			

MAIL TO:
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 Website: www.sos.n.gov