



Department of State - Business Services Division

FILED

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Annual Report for the year: 2019
 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 <i>000027899</i>		2. Exact name of the Corporation <i>Lippitt Estate Community Association, Inc.</i>			
3. State of Incorporation <i>RI</i>		5. Brief description of the character of business conducted in Rhode Island <i>To improve the quality of life for the residents of the Lippitt Estate community.</i>			
4. NAICS Code <i>813311</i>					
6. Principal Office Address <i>74 Beach Road</i>			City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <i>Kathleen Sweetman</i>			Vice-President Name <i>Deborah McGrath</i>		
Street Address <i>Summit Road</i>			Street Address <i>Lippitt Avenue</i>		
City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>	City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>
Secretary Name <i>Margaret Manley</i>			Treasurer Name <i>John Boudreau</i>		
Street Address <i>Park View Trail</i>			Street Address <i>74 Beach Road</i>		
City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>	City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>
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 <i>Charles Sweetman</i>			Director Name <i>E. Michael McGrath</i>		
Street Address <i>Summit Road</i>			Street Address <i>Lippitt Avenue</i>		
City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>	City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>
Director Name <i>Fred Manley</i>			Director Name		
Street Address <i>Park View Trail</i>			Street Address		
City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>	City	State	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 <i>John Boudreau</i>					Date <i>6-28-19</i>
Signature of Officer/Authorized Representative <i>John Boudreau</i>					