



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

CK # 1458 6/26/09

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • (Filing Fee: \$20.00) • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 64233		2. Name of Corporation DEAN RIDGE COURT CONDOMINIUM ASSOCIATION, INC			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 77 DEAN RIDGE CT.		City CRANSTON	Zip 02920
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FRANCIS DUCHARME			Vice President Name RICHARD COLARDO, JR.		
Street Address 44 FREEHOLD AVE.			Street Address 40 1481 ATWOOD AVE.		
City CRANSTON	State RI	Zip 02920	City JOHNSTON	State RI	Zip 02919
Secretary Name JEAN RICCI			Treasurer Name STEVE ZITO		
Street Address 202 DEAN RIDGE CT.			Street Address 303 DEAN RIDGE CT.		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name SAME AS ABOVE 4 OFFICE HOLDERS			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Jean Ricci 6/26/09
Signature of Officer Date
JEAN RICCI
Print or Type Name of Officer
SECRETARY
Title of Officer

File Date	6-29-09
Check No.	1458
By:	MNC
FOR SECRETARY OF STATE USE ONLY	