



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995

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. 000056180		2. Name of Corporation Dale Court Condominiums		
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 1009 Reservoir Ave		City Cranston	Zip 02910
5. Foreign corporation. Enter principal office address		City	State	Zip
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 Frank Umbriano		Vice President Name Brenda Umbriano		
Street Address 41H Dale Ave		Street Address 41H Dale Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Frank Umbriano		Treasurer Name Brenda Umbriano		
Street Address 41H Dale Ave		Street Address 41H Dale Ave		
City Johnston	State RI	Zip 02919	City Johnston	State RI
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 Norma Thurber		Director Name Claire Mathieu		
Street Address 39A Dale Ave		Street Address 41E Dale Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Director Name Vincent Caramadre		Director Name		
Street Address 41F Dale Ave		Street Address		
City Johnston	State RI	Zip 02919	City	State
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

000056180

File Date	FILED
Check No.	AUG 19 2010
By	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

124760

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.

[Signature] 8-18-10
Signature of Officer Date
Rogor R. DiTusa
Print or Type Name of Officer
president
Title of Officer