



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 43742		2. Exact name of the Corporation Quidnessett Country Club Condominium Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island management of a residential condominium complex			
5. Principal office address 3210 Post Road, Box 7831		City Warwick		State RI	Zip 02887-7831
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) ☐					
President Name Mark Pechak		Vice-President Name Dr. Stephen D'Amato			
Street Address 15 Eagle Drive		Street Address 9 Eagle Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Janis G. Freeborn		Treasurer Name Robert F. Tierney			
Street Address 22 Eagle Drive		Street Address 30 Eagle Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Edward Greene		Director Name James Golden			
Street Address 42 Eagle Drive		Street Address 46 Eagle Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Joseph P. Rossetti		Director Name			
Street Address 26 Eagle Drive		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 28 2014

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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.

Robert F. Tierney 5/27/14
Signature of Officer or Authorized Representative Date

Robert F. Tierney

Print or Type Name of Officer or Authorized Representative