

## 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 ZOID

	June 30 • This report must be typed NLURE TO FILE THIS REPORT BY J	or printed legibly. ULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.	201
1. Entity ID No.	2. Exact name of the Corporation		
			엉
74849	The Richmond C	Dek Ridge Association	0CT 30
3. State of Incorporation	4. Brief description of the character of b	usiness conducted in Rhode Island	
Rhide Island	Condominium		=
5. Principal office address  500 /hirig Stow	in Road	City State Zip RT C2	E922
	IES AND ADDRESSES) ("X" BOX FOR AT		77,00
President Name		Vice-President Name /	
John Sawyer	R	Cindu Auotle	
Street Address	0 / 13/	Street Address / / /	
500 Kingstown	Koad, Unit GA	500 Kingstam Rd, Unit 2	,4
Richmond	State Zip 02872	City Richmond State Zip 022	892
Secretary Name		Treasures Name	•
	UPR.	Viancy INIOP	
Street Address / 500 /4/1005#	our ROS unit 6A	Street Address // SIN MASTOWN ROW WITH	1B
City Richmond	State Zip (02892)	Richmond R.L. (2)	842
7. LIST ALL DIRECTORS (NA		D CORPORATIONS MUST LIST NO LESS THAN THREE (3) D	IRECTORS
Director Name , /D		Director Name	
KUSSEL (KEEL	Devi	Phince Smith	
Street Address / 1 C		Street Address	
500 Kingston	4 Rd Writ GB	500 KINGSKUN KO, UNIT 2B	
SID.	State / Zip	City State Zip	792
KLANICIC	RI CORGO		
Director Name	,	Director Name	
Street Address /	<u> </u>	Street Address	
500 Kingston	on KON unit 14	Sec 14 mastown Rd. Inst 10	2/2
City	State   Zip	City /   State   Zip	
KYC UILIONA	RI   CO890	Kichmond RI 028	40
8. REGISTERED AGENT IN R	HODE ISLAND		
This information is currently	of record in the Office of the Secretary o	f State. Changes require filing Form 641.	
This report must be signed by e or Trustee	ither the President, Vice-President, Secreta	ny, Assistant Secretary, Treasurer, duly Authorized Representative	e, Receiver
	11:29 Am	Under penalty of perjury, I declare and affirm that I have	examined
File Date		this report, including any accompanying schedules and	
1110 0000	FILED	and that all statements contained herein are true and co	rrect.
Check No		$\bigcap A \bowtie i$	Jach.
Ву:	OCT <b>30</b> 2014	Signature of Officer or Authorized Representative	Date Date
FOR SECRETARY OF STAT	EUSE ONLY 235469	+ 0<	
	11	JOHN T. JAWYER	<del></del>
Form No. 631 Revised: 04/2014	ICM	Print or Type Name of Officer or Authorized Representative	