



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 46494		2. Exact name of the Corporation PHEASANT RIDGE CONDOMINIUM ASSOCIATION, INC.			
3. Principal office address 18 Pheasant Run			City Smithfield	State RI	Zip 02917
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF CONDOMINIUM COMPLEX IN SMITHFIELD, RI					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sharon A. Ricci			Vice-President Name JoAnn Jefferson		
Street Address 17A Pheasant Run			Street Address 14B Pheasant Run		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Rae Caloura			Treasurer Name Sherry Howard		
Street Address 47B Pheasant Run			Street Address 46A Pheasant Run		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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

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.

Sharon A. Ricci 1/20/15
 Signature of Authorized Representative Date
Sharon A. Ricci
 Print or Type Name of Authorized Representative

FILED

FEB 25 2015

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