

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 2015

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.	2. Exact nar	ne of the Corporation				
160416	Dean Estates Neighborhood Association, Inc.					
3. State of Incorporation			r of business conducted in Rhode f life of the residents livin		hataa	
Rhode Island	neighbo		ine of the residents half	y in the Dean Es	lates	
5. Principal office address 346 Meshanticut Valley Parkway			City	State	Zip 02920	
340 Meshanticut Valle	ey Parkway	and the second of the second	Cranston	RI	02920	
President Name				Vice-President Name		
Stephan J. Baracsi				Fred DiBiasio		
Street Address				Street Address		
337 Meshanticut Valley Parkway			1	362 Meshanticut Valley Parkway		
City	State	Zip	City		1-2:-	
Cranston	RI	02920	Cranston	State RI	Zip 02920	
Secretary Name		02320	Treasurer Name	RI	02920	
Michael Kern				Jeffrey J. Bellin		
Street Address			Street Address			
40 Church Hill Drive						
				346 Meshanticut Valley Parkway		
Cranston	RI	Zip 02920	City	State	Zip	
			Cranston	RI	02920	
The state of the s	<u>-</u>			and the second second		
Director Name			1 - · · - 7 · · - · - · · · · · · · · · · ·	Director Name		
Stephan J. Baracsi			Jeffrey J. Bellin			
Street Address			· · · ·	Street Address		
337 Meshanticut Valle			346 Meshanticut Val			
City	State	Zip	City	State	Zip	
Cranston	RÍ	02920	Cranston	RI	02920	
Director Name			Director Name			
Michael Kern				·····		
Street Address			Street Address		22	
40 Church Hill Drive		· · · · · · · · · · · · · · · · · · ·			2015	
City	State	Zip	City	State	RET	
Cranston	RI	02920			F 542	
			ery of State. Changes require fil		8 크스[[]	
This report must be signed by	either the Preside	ent, Vice-President, Se	cretary, Assistant Secretary, Treas	urer, duly Authorized I	Remosentative Receiver	
or Trust ee				, ,	S S	
					<u> </u>	
					~ ₹	
		FILED	Under penalty of perjuithis report, including a card that all statements	ny accompanying sc	hedules and statements,	
A CONTROL OF THE PARTY OF THE P			· \ /X .		7	
Security Security Control of the Con		JUL 0 8 20		Gella- Men.	7/6/18	
		1 CM 252	4// Gigi alays of Shice of All	thorized Representati	ve Date	
			Jeffrey J. Bellin		7/6/2015	

Form No. 631 Revised: 04/2014