



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 **2016**

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. 163670		2. Exact name of the Corporation Dry Bridge Commerce Park Condominium Association			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Organized for the welfare of condominium owners; provide maintenance of the common areas and handle day-to-day operations.			
5. Principal office address 376 Dry Bridge Road, Unit C2		City North Kingstown		State RI	Zip 02852
6. List the names and addresses of the officers and directors of the corporation as of the end of the reporting period.					
President Name Dennis A. Curci		Vice-President Name Dennis A. Curci			
Street Address 376 Dry Bridge Road, Unit C2		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Stephanie Curci		Treasurer Name Dennis A. Curci			
Street Address 376 Dry Bridge Road, Unit C2		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
7. List the names and addresses of the directors of the corporation as of the end of the reporting period.					
Director Name Dennis A. Curci		Director Name Stephanie Curci			
Street Address Same as above		Street Address Same as above			
City	State	Zip	City	State	Zip
Director Name John J. Kupa, Jr., Esquire		Director Name			
Street Address 20 Oakdale Road		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

FILED

JUN 06 2016

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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.

Signature of Officer or Authorized Representative

Date

Dennis A. Curci

Print or Type Name of Officer or Authorized Representative