

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Annual Report for the year: 2016

## **Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

PATCH ATED SECRETARY OF STATE CORFORATIONS DIV

2016 JUN 21 AM 11: 25

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1. Entity ID Number	2. Exact name of the Corporation					
160416	Dean Esta	Dean Estates Neighborhood Association				
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To Enhance	To Enhance The Quality Of Life Of The Residents Living In The Dean Estates Neighborl				
5. Principal Office Address			City	State	Zip	
346 Meshanticut Valley Parkway			Cranston	RI	02920	
6. List ALL officers (names and	addresses)			Check the box to in	ndicate an attachment	
President Name Stephan J. Baracsi			Vice-President Name Fred DiBiasio			
Street Address 337 Meshanticut Valley Parkway			Street Address 362 Meshanticut Valley Parkway			
<sup>City</sup> Cranston	State RI	Zip 02920	City Cranston	State RI	<sup>Zip</sup> 02920	
Secretary Name Michael Kern			Treasurer Name Jeffrey J. Bellin			
Street Address 40 Church Hill Road			Street Address 346 Meshanticut Valley Parkway			
<sup>City</sup> Crans <b>∳</b> ion	State RI	Zip 02920	City Cranston	State RI	<sup>Zip</sup> 02920	
7. List ALL directors (names an	d addresses). F	RI Corporations MU	JST list at least THREE dire		o indicate an attachment	
Director Name Stephan J. Baracsi			Director Name Jeffrey J. Bellin			
Street Address 337 Meshanticut Valley Parkway			Street Address 346 Meshanticut Valley Parkway			
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City Cranston	State RI	<sup>Zip</sup> 02920	
Director Name Michael Kern			Director Name			
Street Address 40 Church Hill Road			Street Address			
City Cranston	State RI	<sup>Zip</sup> 02920	City	State	Zip	
8. Registered Agent in Rhode Is	sland. This inforr	nation is currently of	record in the Department of Sta	ate. Changes require filing	Form 641.	
Under penalty of perjury, I de statements, and that all state			- ·	ng any accompanying	schedules and	
This report must be signed by either the	President, Vice-Pre	esident, Secretary, Assis	tant Secretary, Treasurer, duly Auth	orized Representative, Rece	iver or Trustee.	
Name of Officer/Authorized Representative				Date		
Jeffrey J. Bellin Treasurer				6/16/2016		
Signature of Officer/Authorized I	Representative		CUMEN HERE	•		

MAIL TO:

**Division of Business Services** 

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

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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FORM 631 - Revised: 05/2016