



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

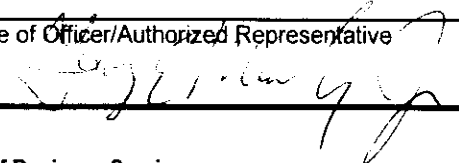
Annual Report for the year: **2017**

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.

1. Entity ID Number 127034		2. Exact name of the Corporation Quidnessett Country Club Estates Condominium Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Operate and manage a residential condominium association			
5. Principal Office Address 181 Knight St		City Warwick		State RI	Zip 02886
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George Manley			Vice-President Name Nicholas Scobbo		
Street Address 54 Woods Way			Street Address 72 Woods Way		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Claudia Kerbel			Treasurer Name James Dobrowolski		
Street Address 97 Woods Way			Street Address 31 Overlook Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George Manley			Director Name Nicholas Scobbo		
Street Address 54 Woods Way			Street Address 72 Woods Way		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Claudia Kerbel			Director Name James Dobrowolski		
Street Address 97 Woods Way			Street Address 31 Overlook Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative George E Manley, Jr					Date 05/17/2017
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAY 22 2017

BY

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FORM 631 - Revised: 02/2017