


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 2017

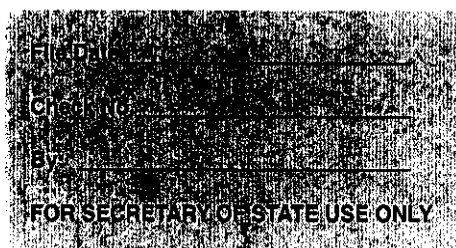
Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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 ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
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

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.


FILED

JUN 14 2017

Signature of Officer or Authorized Representative

Date

Dennis A. Curci

Print or Type Name of Officer or Authorized Representative

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