



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 000035927		2. Exact name of the Corporation SACHEM PLACE II CONDOMINIUM ASSOCIATION, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island THE MANAGEMENT OF THE SACHEM PLACE II CONDOMINIUM ASSOCIATION	
4. NAICS Code 813310			
6. Principal Office Address 786 OAKLAWN AVENUE		City CRANSTON	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ADAM LUPINO		Vice-President Name	
Street Address 39 SACHEM DRIVE, UNIT 103		Street Address	
City CRANSTON	State RI	Zip 02920	
Secretary Name ALBERT DEQUATTRO		Treasurer Name JEANETTE DENUCCIO	
Street Address 39 SACHEM DRIVE, UNIT 202		Street Address 39 SACHEM DRIVE, UNIT 110	
City CRANSTON	State RI	Zip 02920	
8. 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 ADAM LUPINO		Director Name JEANETTE DENUCCIO	
Street Address 39 SACHEM DRIVE, UNIT 103		Street Address 39 SACHEM DRIVE, UNIT 110	
City CRANSTON	State RI	Zip 02920	
Director Name ALBERT DEQUATTRO		Director Name	
Street Address 39 SACHEM DRIVE, UNIT 202		Street Address	
City CRANSTON	State RI	Zip 02920	
9. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Adam Lupino		Date 6-27-17	
Signature of Officer/Authorized Representative <i>Adam Lupino</i>			

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
 JUN 29 2017
 BY **DOS DS**