



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

Annual Report for the year:

Non-Profit Corporation

2018

→ 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 85485		2. Exact name of the Corporation STARRETT DRIVE DOCK ASSOCIATION	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO CONSTRUCT, PERMIT, AND MAINTAIN A DOCK ON NINIGRET POND AT THE SOUTH END OF STARRETT DR. IN CHARLESTOWN Rhode Island	
4. NAICS Code 713 930			
6. Principal Office Address 101 STARRETTE DRIVE		City CHARLESTOWN	State R.I.
		Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MARGARET G. DEPONTÉ		Vice-President Name BERNADETTE FORGET	
Street Address 101 STARRETT DR.		Street Address 99 STARRETT DRIVE	
City CHARLESTOWN	State R.I.	City CHARLESTOWN	State R.I.
Zip 02813		Zip 02813	
Secretary Name PAUL PROTOMASTRO		Treasurer Name BERNADETTE FORGET	
Street Address 97 STARRETT DR.		Street Address 99 STARRETT DR.	
City CHARLESTOWN	State R.I.	City CHARLESTOWN	State R.I.
Zip 02813		Zip 02813	
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 MARGARET G. DEPONTÉ		Director Name PAUL PROTOMASTRO	
Street Address 101 STARRETT DR.		Street Address 97 STARRETT DR.	
City CHARLESTOWN	State R.I.	City CHARLESTOWN	State R.I.
Zip 02813		Zip 02813	
Director Name RALPH J. DEPONTÉ		Director Name	
Street Address 101 STARRETT DR.		Street Address	
City CHARLESTOWN	State R.I.	City	State
Zip 02813		Zip	
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 MARGARET G. DEPONTÉ			Date 5/24/18
Signature of Officer/Authorized Representative <i>Margaret G. DePonte</i>			

FILED *SV*

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

MAY 29 2018

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