



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

Annual Report for the year: 2018
 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 000064233		2. Exact name of the Corporation DEAN RIDGE COURT CONDOMINIUM ASSOC., INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION			
4. NAICS Code 813910					
6. Principal Office Address 77 DEAN RIDGE COURT		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 MATTHEW FRASER		Vice-President Name RICHARD COLARDO, JR.			
Street Address 303 DEAN RIDGE CT.		Street Address 1481 ATWOOD AVE.			
City CRANSTON	State RI	Zip 02920	City JOHNSTON	State RI	Zip 02919
Secretary Name ANN SPENCE		Treasurer Name SHARON STONE			
Street Address 203 DEAN RIDGE CT.		Street Address 104 DEAN RIDGE CT.			
City CRANSTON	State RI	Zip 02920	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 MATTHEW FRASER		Director Name RICHARD COLARDO, JR.			
Street Address see above		Street Address see above			
City	State	Zip	City	State	Zip
Director Name ANN SPENCE		Director Name SHARON STONE			
Street Address see above		Street Address see above			
City	State	Zip	City	State	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 SHARON STONE, TREASURER					Date 6/4/2018
Signature of Officer/Authorized Representative <i>Sharon Stone</i>					SIGN DOCUMENT 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

FILED

JUN 07 2018

BY 2019 DS FORM 631 - Revised: 11/2017