RI SOS Filing Number: 201869913720 Date: 6/18/2018 4:00:00 PM Ralph Mollis, Secretary of State State of Rhode Island

148 W. River Street

and Providence Plantations Office of the Secretary of State

North Scitualte North Scitualte R.I. 9. REGISTERED AGENT IN RHODE ISLAND ovidence, RI 02904-2615 401.222.3040

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In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation Dean Manor

4. Corporate address in Rich Zφ <u> 66981</u> 3. State of Incorporation 02919 Johnston 32 <u>Dean</u> Rhode Island Œν 5. Poreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island OF THE CONDOMINIUM PROJECT TO OVERSEE THE OPERATION 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENT Vice President Name President Name Furia Shirley Hurd Cheryl Street Address Street Address 3 Anderson Road CBY 02828 02919 R.I. <u>Greenvill</u> Johnston**≖** Tre-course Name Secretary Name Shirley Hurd Kenneth Robertson Street Address <u> 3 Anderson Road</u> Quarry Zφ an ZΦ City 02919 R.I. North Scituate R.I. | 02857 | Johnston | K.I. | 029 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Johnston THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Director Name Chertl Furia <u>Shirley Hurd</u> Street Address Street Address 111 Pineledge Road 3 Anderson Road Zφ City Zio State City 02828 02919 Greenville R.I. Johnston Director Name Director Name KENNETH Robertson Street Address Strees Address Old Quarry Road ZΦ Onte Zφ an Оŋ

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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	JUN 1 8 2018	Under penalty of perjury, I declare and affirm tha report, including any accompanying schedules and statements contained berein are true and correct.	t I have examined this statements, and that all
File Date	\ \(\lambda\)	Signature of Officer	1/6/18 Date
Check No.	190	Shirley Hurd Print or Type Name of Officer	<u>. </u>
FOR SECRETARY OF STATE USE ONLY		President Tule of Officer	F (1) D 00/17