



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

Annual Report for the year: 2019
 Non-Profit Corporation

FILED

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

JUN 14 2019

BY: 2178 DS

1. Entity ID Number 0000 64233		2. Exact name of the Corporation DEAN RIDGE COURT CONDOMINIUM ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island condo association	
4. NAICS Code 813910			
6. Principal Office Address 77 DEAN RIDGE CT.		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 AVG.	
City CRANSTON	State RI	City JOHNSTON	State RI
Zip 02920		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	City CRANSTON	State RI
Zip 02920		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 MATT FRASER		Director Name RICHARD COLARDO, JR.	
Street Address AS ABOVE		Street Address AS ABOVE	
City	State	City	State
Zip		Zip	
Director Name ANN SPENCE		Director Name SHARON STONE	
Street Address AS ABOVE		Street Address AS ABOVE	
City	State	City	State
Zip		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative SHARON STONE, TREASURER			Date 6/11/2019
Signature of Officer/Authorized Representative <i>Sharon Stone</i>			

MAIL TO:
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 Website: www.sos.ri.gov