



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

Annual Report for the year:  
Non-Profit Corporation

2019

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

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1. Entity ID Number <b>0000 64233</b>		2. Exact name of the Corporation <b>DEAN RIDGE COURT CONDOMINIUM ASSOCIATION</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>condo association</b>	
4. NAICS Code <b>813910</b>			
6. Principal Office Address <b>77 DEAN RIDGE CT.</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MATTHEW FRASER</b>		Vice-President Name <b>RICHARD COLARDO, Jr.</b>	
Street Address <b>303 DEAN RIDGE CT.</b>		Street Address <b>1481 ATWOOD AVG.</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02919</b>	
Secretary Name <b>ANN SPENCE</b>		Treasurer Name <b>SHARON STONE</b>	
Street Address <b>203 DEAN RIDGE CT.</b>		Street Address <b>104 DEAN RIDGE CT.</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MATT FRASER</b>		Director Name <b>RICHARD COLARDO, Jr.</b>	
Street Address <b>AS ABOVE</b>		Street Address <b>AS ABOVE</b>	
City	State	City	State
Zip		Zip	
Director Name <b>ANN SPENCE</b>		Director Name <b>SHARON STONE</b>	
Street Address <b>AS ABOVE</b>		Street Address <b>AS ABOVE</b>	
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.			
<b>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.</b>			
<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 <b>SHARON STONE, TREASURER</b>			Date <b>6/11/2019</b>
Signature of Officer/Authorized Representative <i>Sharon Stone</i> <small>SIGN DOCUMENT HERE</small>			