



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

Annual Report for the year: **2019**

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

FILED

JUN 14 2019

BY 1136 DS

1. Entity ID Number 43742		2. Exact name of the Corporation Quidnessett Country Club Condominium Assoc., Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management of a residential condominium complex			
4. NAICS Code 813990					
6. Principal Office Address 3210 Post Road, Box 7831			City Warwick	State RI	Zip 02887-7831
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Pechak		Vice-President Name			
Street Address 16 Eagle Drive		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Janis G. Freeborn		Treasurer Name Robert F. Tierney			
Street Address 22 Eagle Drive		Street Address 30 Eagle Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Edward Greene		Director Name Jack Goodison			
Street Address 42 Eagle Drive		Street Address 9 Eagle Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Joseph P. Rossetti		Director Name			
Street Address 26 Eagle Drive		Street Address			
City North Kingstown	State RI	Zip 02852	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 Robert F. Tierney, Treasurer				Date 6/11/19	
Signature of Officer/Authorized Representative <i>Robert F. Tierney</i>					

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