	State of Rhode Island and Providence Plantations				
	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 1 4 2019

				BY		
1. Entity ID Number 43742		2. Exact name of the Corporation Quidnessett Country Club Condominium Assoc., Inc.				
State of Incorporation	_ _	Brief description of the character of business conducted in Rhode Island				
Rhode Island	1	ent of a residenti				
4. NAICS 6909 7990	- Wallagellie	ent of a residenti	ar condominant complex			
6. Principal Office Address	- 		City	State	Zip	
3210 Post Road, Box 7831			Warwick	RI	02887-7831	
7. List ALL officers (names and	addresses)			Check the box to ind	licate an attachment	
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. Free	born		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	d addresses). RI (Corporations MUST	list at least THREE directors	Check the box to inc	licate an attachment	
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. Ros	isetti	-	Director Name			
Street Address 26 Eagle Drive		-	Street Address			
^{City} North Kingstown	State RI	Zip 02852	City	State	Zip	
9 Registered Agent in Rhode Is	land. This informat	ion is currently of reco	rd in the Department of State. Change	es require filing Form	641.	
Under penalty of perjury, I de statements, and that all state			ed this report, including any acc d correct.	companying sche	dules and	
This report must be signed by either the	President, Vice-Presid	ent Secretary Assistant	Secretary, Treasurer, duly Authorized Repre	sentative. Receiver or T	rustee	
Name of Officer/Authorized Rep Robert F. Tierney, Treasur				Date	11/19	
					(///	
Signature of Officer/Authorized I	representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov