



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

Annual Report for the year:
Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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RI DEPT OF STATE
BUS SVCS DIV
2019 OCT 17 PM 12:39

1. Entity ID Number <u>109630</u>		2. Exact name of the Corporation <u>Cedar Spring Terrace Tenants Assoc</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Senior complex Housing</u>	
4. NAICS Code <u>813990</u>		<u>Parties Cards - ETC</u>	
6. Principal Office Address <u>10 Cheryl Dr. #301</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Dolores Dickervitz</u>		Vice-President Name <u>Claire Altieri</u>	
Street Address <u>10 Cheryl Drive 303</u>		Street Address <u>10 Cheryl Dr. #502</u>	
City <u>Johnston</u>	State <u>R.I.</u>	City <u>Johnston</u>	State <u>R.I.</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Secretary Name <u>Susan Staharink</u>		Treasurer Name <u>Julie Devlin</u>	
Street Address <u>10 Cheryl Dr. #208</u>		Street Address <u>10 Cheryl Dr. #402</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
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 <u>Dolores Dickervitz</u>		Director Name <u>Julie Devlin</u>	
Street Address <u>10 Cheryl Dr. #303</u>		Street Address <u>10 Cheryl Dr. #402</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>R.I.</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Director Name <u>Claire Altieri</u>		Director Name	
Street Address <u>10 Cheryl Dr. 502</u>		Street Address	
City <u>Johnston</u>	State <u>R.I.</u>	City	State
Zip <u>02919</u>		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Dolores Dickervitz</u>		Date <u>8/8/19</u>	
Signature of Officer/Authorized Representative <u>Dolores Dickervitz</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
OCT 17 2019
BY RLK8E
AA. 12:39pm.
FORM 631 - Revised: 06/2019