



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

**Annual Report for the year: 2017**  
**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.

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|   |                 |  |   |                            |                     |
|---|-----------------|--|---|----------------------------|---------------------|
| 1. Entity ID Number<br><b>001341376</b>   |                 | 2. Exact name of the Corporation<br><b>Arthur Richmond Road Homeowners Association</b>                       |   |                            |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Homeowners Association</b> |   |                            |                     |
| 4. NAICS Code<br><b>813990</b>  |                 |  |   |                            |                     |
| 6. Principal Office Address<br><b>47 Arthur Richmond Road</b>   |                 |  | City<br><b>West Greenwich</b>                   | State<br><b>RI</b>         | Zip<br><b>02817</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>Ronald J. Carraccio</b>   |                 |  | Vice-President Name <b>Deborah M. Carraccio</b> |                            |                     |
| Street Address <b>47 Arthur Richmond Road</b>   |                 |  | Street Address <b>47 Arthur Richmond Road</b>   |                            |                     |
| City <b>West Greenwich</b>  | State <b>RI</b> | Zip <b>02817</b>   | City <b>West Greenwich</b>                      | State <b>RI</b>            | Zip <b>02817</b>    |
| Secretary Name <b>Deborah M. Carraccio</b>  |                 |  | Treasurer Name <b>Ronald J. Carraccio</b>       |                            |                     |
| Street Address <b>47 Arthur Richmond Road</b>   |                 |  | Street Address <b>47 Arthur Richmond Road</b>   |                            |                     |
| City <b>West Greenwich</b>  | State <b>RI</b> | Zip <b>02817</b>   | City <b>West Greenwich</b>                      | State <b>RI</b>            | Zip <b>02817</b>    |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                 |  |   |                            |                     |
| Director Name <b>Ronald J. Carraccio</b>  |                 |  | Director Name <b>Deborah M. Carraccio</b>       |                            |                     |
| Street Address <b>47 Arthur Richmond Road</b>   |                 |  | Street Address <b>47 Arthur Richmond Road</b>   |                            |                     |
| City <b>West Greenwich</b>  | State <b>RI</b> | Zip <b>02817</b>   | City <b>West Greenwich</b>                      | State <b>RI</b>            | Zip <b>02817</b>    |
| Director Name <b>MARTELLE</b>   |                 |  | Director Name                                   |                            |                     |
| Street Address <b>47 Arthur Richmond Rd</b>   |                 |  | Street Address                                  |                            |                     |
| City <b>West Greenwich</b>  | State <b>RI</b> | Zip <b>02817</b>   | 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.   |                 |  |   |                            |                     |
| <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> |                 |  |   |                            |                     |
| <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<br><b>Ronald J. Carraccio</b>   |                 |  |   | Date<br><b>11/6/2019</b>   |                     |
| Signature of Officer/Authorized Representative<br>  |                 |  |   | SIGN DOCUMENT <b>FILED</b> |                     |

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