



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 001341376		2. Exact name of the Corporation Arthur Richmond Road Homeowners Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowners Association			
4. NAICS Code 813990					
6. Principal Office Address 47 Arthur Richmond Road			City West Greenwich	State RI	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald J. Carraccio			Vice-President Name Deborah M. Carraccio		
Street Address 47 Arthur Richmond Road			Street Address 47 Arthur Richmond Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Deborah M. Carraccio			Treasurer Name Ronald J. Carraccio		
Street Address 47 Arthur Richmond Road			Street Address 47 Arthur Richmond Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
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 Ronald J. Carraccio			Director Name Deborah M. Carraccio		
Street Address 47 Arthur Richmond Road			Street Address 47 Arthur Richmond Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name MARTELLE			Director Name		
Street Address 47 Arthur Richmond Rd			Street Address		
City West Greenwich	State RI	Zip 02817	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 Ronald J. Carraccio				Date 11/1/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT FILED	

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

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