



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

Annual Report for the year: 2020

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 12 2020

2024

1. Entity ID Number 000035927		2. Exact name of the Corporation Sachem Place II Condominium Association, LLC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium Association Title:7-6			
4. NAICS Code 813990 - Other Similar Or					
6. Principal Office Address c/o CRS Management, LLC., 786 Oaklawn Avenue		City Cranston		State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald E. Blamires			Vice-President Name David Ricci		
Street Address 39 Sachem Drive			Street Address 39 Sachem Drive		
City Cranston	State RI	Zip 02920	City Narragansett	State RI	Zip 02882
Secretary Name Albert Dequattro, Sr.			Treasurer Name Jeanette A. Denuccio		
Street Address 39 Sachem Drive			Street Address 39 Sachem Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 E. Blamires			Director Name David Ricci		
Street Address 39 Sachem Drive			Street Address 39 Sachem Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Albert Dequattro, Sr.			Director Name		
Street Address 39 Sachem Drive			Street Address		
City Cranston	State RI	Zip 02920	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.					
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 Carlene DelNero				Date 6/3/2020	
Signature of Officer/Authorized Representative 					

MAIL TO:
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