



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 AUG 13 AM 11:46

1. Entity ID Number 1683210		2. Exact name of the Corporation Matteson Ridge Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A condominium association, or such other purpose allowed for under Rhode Island law.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 78 Kenwood Street		City Cranston		State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Salvador Leccese			Vice-President Name Salvador Leccese		
Street Address 650 S. Northlake Blvd, #450			Street Address 650 S. Northlake Blvd, #450		
City Altamonte Springs	State FL	Zip 32701	City Altamonte Springs	State FL	Zip 32701
Secretary Name John Flynn			Treasurer Name Andrew Schaffer		
Street Address 650 S. Northlake Blvd, #450			Street Address 650 S. Northlake Blvd, #450		
City Altamonte Springs	State FL	Zip 32701	City Altamonte Springs	State FL	Zip 32701
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 Salvador Leccese			Director Name John Flynn		
Street Address 650 S. Northlake Blvd, #450			Street Address 650 S. Northlake Blvd, #450		
City Altamonte Springs	State FL	Zip 32701	City Altamonte Springs	State FL	Zip 32701
Director Name Andrew Schaffer			Director Name		
Street Address 650 S. Northlake Blvd, #450			Street Address		
City Altamonte Springs	State FL	Zip 32701	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 Salvador Leccese					Date 8/3/2020
Signature of Officer/Authorized Representative 					

FILED

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

AUG 13 2020
BY BGKMC
11:49

FORM 631 - Revised: 06/2019