



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

Annual Report for the year: **2019**
 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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 BUS SVCS DIV
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1. Entry 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	City Altamonte Springs	State FL
Zip 32701		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	City Altamonte Springs	State FL
Zip 32701		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	City Altamonte Springs	State FL
Zip 32701		Zip 32701	
Director Name Andrew Schaffer		Director Name	
Street Address 650 S. Northlake Blvd, #450		Street Address	
City Altamonte Springs	State FL	City	State
Zip 32701		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 8/13/2020
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.ri.gov

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FORM 631 - Revised: 06/2019