



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 23 2021
 BY 1609
 OS

1. Entity ID Number 000068981	2. Exact name of the Corporation Dean Manor Condominium Association, Inc.		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island TO oversee the operation of the condominium projects.		
4. NAICS Code 531110			
6. Principal Office Address 32 Dean Avenue	City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Shirley Hurd		Vice-President Name Cheryl Furia	
Street Address 111 Pine Ledge Road		Street Address 111 Pine Ledge Road	
City Greenville	State RI	Zip 02828	City Greenville
			State RI
			Zip 02828
Secretary Name Kenneth Robertson		Treasurer Name Shirley Hurd	
Street Address 65 Old Quarry Road		Street Address 111 Pine Ledge Road	
City North Scituate	State RI	Zip 02857	City Greenville
			State RI
			Zip 02828
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 Shirley Hurd		Director Name Cheryl Furia	
Street Address 111 Pine Ledge Road		Street Address 111 Pine Ledge Road	
City Greenville	State RI	Zip 02828	City Greenville
			State RI
			Zip 02828
Director Name Kenneth Robertson		Director Name NONE	
Street Address 65 Old Quarry Road		Street Address	
City North Scituate	State RI	Zip 02857	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Shirley Hurd			Date June 16, 2021
Signature of Officer/Authorized Representative 			

MAIL TO:
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