



State of Rhode Island and Providence Plantations
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 28 2021

A 2194

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 <input type="checkbox"/>			
6. Principal Office Address c/o CRS Management, LLC., 786 Oakdam 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 DAVID RICCI		Vice-President Name David Ricci	
Street Address 39 Sachem Drive		Street Address 39 Sachem Drive	
City Cranston	State RI	City Narragansett	State RI
Zip 02920		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	City Cranston	State RI
Zip 02920		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 DAVID RICCI		Director Name David Ricci	
Street Address 39 Sachem Drive		Street Address 39 Sachem Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Albert Dequattro, Sr.		Director Name JEANETTE A. DENUCCIO	
Street Address 39 Sachem Drive		Street Address 39 SACHEM Drive	
City Cranston	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
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 6/24/2021
Signature of Officer/Authorized Representative <i>Carlene DelNero</i>			