



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001667557		2. Exact name of the Corporation DIXON HOUSE CONDOS			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island CONDOMINIMUM ASSOCIATION #813990			
5. Principal office address 6 CONCORD COURT		City WESTERLY	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH CORCORAN			Vice-President Name JOSEPH CORCORAN		
Street Address 17 WEST STREET APT. 3			Street Address 17 WEST STREET APT. 3		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name DEB JOHN			Treasurer Name MELISA RITACCO		
Street Address 54 FRIENDSHIP STREET, UNIT 1			Street Address 17 WEST STREET, APT 1		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSEPH CORCORAN			Director Name DEB JOHN		
Street Address 17 WEST STREET, APT. 3			Street Address 54 FRIENDSHIP STREET, UNIT 1		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name MELISA RITACCO			Director Name		
Street Address 17 WEST STREET, APT 1			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JUL 28 2021

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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.

Melisa Ritacco 7/26/21
 Signature of Officer Date

MELISA RITACCO
 Print or Type Name of Officer
TREASURER
 Title of Officer