



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION
2023 FEB 14 4:11:02

1. Entity ID Number 000085485		2. Exact name of the Corporation Starrett Drive Dock Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO CONSTRUCT, PERMIT AND MAINTAIN A DOCK ON NINIGRET POND AT SOUTH END OF STARRETT DRIVE IN CHARLESTOWN, RI.			
4. NAICS Code 713930					
6. Principal Office Address 101 Starrett Drive			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Margaret G. DePonte			Vice-President Name Bernadette Forget		
Street Address 101 Starrett Drive			Street Address 101 Starrett Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Ralph J. DePonte			Treasurer Name Paul Protomastro		
Street Address 101 Starrett Drive			Street Address 101 Starrett Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Margaret G. DePonte			Director Name Ralph J. DePonte		
Street Address 101 Starrett Drive			Street Address 101 Starrett Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Bernadette Forget			Director Name Paul Protomastro		
Street Address 101 Starrett Drive			Street Address 101 Starrett Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Margaret G. DePonte				Date February 9, 23	
Signature of Officer/Authorized Representative <i>Margaret G. DePonte</i>					

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

FILED

FEB 14 2023
BY ML 7K002