



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

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.

FILED

JAN 31 2024

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|---|--------------------|--|---|--------------------|--|
| 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 |
| Signature of Officer/Authorized Representative | | | | | |

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