



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

FILED

FEB 08 2024

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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.

| | | | | | |
|--|-----------------|--|---|--------------------|-----------------------|
| 1. Entity ID Number 000035927 | | 2. Exact name of the Corporation Sachem Place II Condominium Association, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Condominium Association Title: 7-6 | | | |
| 4. NAICS Code 813910 | | | | | |
| 6. Principal Office Address c/o CRS Management, LLC- 786 Oaklawn Ave. | | | 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 Albert Dequattro, Sr. | | | Vice-President Name David Ricci | | |
| Street Address 39 Sachem Drive | | | Street Address 39 Sachem Drive | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name Albert Dequattro, Sr. | | | Treasurer Name Robert Turcotte | | |
| Street Address 39 Sachem Drive | | | Street Address 39 Sachem Drive, Unit 210 | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | 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 Albert Dequattro, Sr. | | | Director Name Robert Turcotte | | |
| Street Address 39 Sachem Drive | | | Street Address 39 Sachem Drive | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Director Name David Ricci | | | Director Name | | |
| Street Address 39 Sachem Drive | | | Street Address | | |
| City Cranston | State RI | Zip 02920 | 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 Carlene DelNero | | | | | Date 2-5-24 |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
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