



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.

FEB 14 2024
 10480 *or*

1. Entity ID Number 163670		2. Exact name of the Corporation Dry Bridge Commerce Park Condominiums Association			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Organized for the welfare of condominium owners, provide maintenance of the common areas and handle day-to-day operations.			
4. NAICS Code 813910 Business Associ <input checked="" type="checkbox"/>					
6. Principal Office Address 376 Dry Bridge Road, Unit C2			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dennis A. Curci			Vice-President Name Dennis A. Curci		
Street Address 376 Dry Bridge Road, Unit C2			Street Address 376 Dry Bridge Road, Unit C2		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Stephanie Curci			Treasurer Name Dennis A. Curci		
Street Address 376 Dry Bridge Road, Unit C2			Street Address 376 Dry Bridge Road, Unit C2		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Dennis A. Curci			Director Name Stephanie Curci		
Street Address 376 Dry Bridge Road, Unit C2			Street Address 376 Dry Bridge Road, Unit C2		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name John J. Kupa, Jr., Esquire			Director Name		
Street Address 20 Oakdale Road			Street Address		
City North Kingstown	State RI	Zip 02852	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 Dennis A. Curci, President					Date 2/13/23
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov