



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.

REC'D RI SOS
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 DEPT OF STATE
 RI ONLY

1. Entity ID Number 001663077		2. Exact name of the Corporation Cedar Ridge Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ORGANIZE, CONDUCT, AND PREFORM AS A CONDOMINIUM ASSOCIATION			
4. NAICS Code 813990					
6. Principal Office Address 498 Main Street			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dennis Monty			Vice-President Name John Harrington		
Street Address 25 Pine Grove Lane			Street Address 9 Pine Grove Lane		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Pat Lytle			Treasurer Name Laura Tingley		
Street Address 24 Pine Grove Lane			Street Address 9 Pine Grove Lane		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Kenneth Zangari			Director Name Gisele Zangari		
Street Address 33 Pine Grove Lane			Street Address 33 Pine Grove Lane		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name Pat Lytle			Director Name Gisele Zangari		
Street Address 24 Pine Grove Lane			Street Address 33 Pine Grove Lane		
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817
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 Nicholas Balzano				Date 4.30.24	
Signature of Officer/Authorized Representative 				FILED 409	

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

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