RI SOS Filing Number: 202454570940 Date: 5/6/2024 4:00:00 PM

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.

MAY 06 2024
325

1. Entity ID Number	2. Exact name of the Corporation
001667557	Dixon House Condos
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Condominium Association
4. NAICS Code: 813990-Other similar org:	

6. Principal Office Address	City	State	Zip
Concord Ct	Westerly	RI	02891

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Katelyn Baldwin			Vice-President Name: Katelynn Baldwin		
Street Address: 17 West Street Apt 2			Street Address: 17 West Street Apt 2		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Secretary Name: Melisa Ritacco			Treasurer Name: Melisa Ritacco		
Street Address: 17 West St. Apt 1			Street Address: 17 West Street Apt 1		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Katelyn Baldwin			Director Name: Melisa Ritacco		
Street Address: 17 West Street Apt. 2			Street Address: 17 West Street Apt 1		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Director Name: Melisa Ritacco			Director Name:		
Street Address: 17 West Street Apt 1			Street Address:		
City: Westerly	State: RI	Zip: 02891	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative: Melisa Ritacco — Date: 5/2/24

Signature of Officer/Authorized Representative: X Melisa Ritacco

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

FORM 631- Revised 12/2023