	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Business	s Services	
	148 W. River S	treet	
	Providence RI 029		
7636	(401) 222-30	40	
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	y 1		
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.			
ANNUAL REPORT YEAR - EN	ITER THE CURRENT YEAR 2	<b>024</b> : <u>2024</u>	
<b>1. Corporate ID No.</b> <u>0016</u>	83210		
2. Name of Corporation $\underline{Ma}$	tteson Ridge Condominium A	Association, Inc.	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
primary type of activity in wh populate a NAICS Code base	NAICS Code below, select the ich your entity engages. The ed on the chosen selection. If ssistance with selecting a clas	box to the right of the the NAICS Code is kn	dropdown will
NAICS Code			
<u>813990</u>			
4. Principal Office Address			
No. and Street: 78 KEN	WOOD STREET		
City or Town: CRANS		e: <u>RI</u> Zip: <u>02907</u>	Country: <u>USA</u>
5. Brief Description of the C	haracter of the Affairs Condu	cted in Rhode Island	
A CONDOMINIUM ASSO	<u>OCIATION</u>		
6. Names and Addresses of	the Officers and Directors:		
All Directors and Officers m Island Corporation shall not	ust be listed individually. Th be less than 3.	e number of DIRECT	ORS of a Rhode
Title	Individual Name First, Middle, Last, Suffix	Address, City or Town, S	

PRESIDENT	SALVADOR LECCESE	650 S. NORTHLAKE BOULEVARD, #450 ALTAMONTE SPRINGS, FL 32701 USA	
TREASURER	ANDREW SCHAFFER	650 S. NORTHLAKE BOULEVARD, #450 ALTAMONTE SPRINGS, FL 32701 USA	
SECRETARY	JOHN FLYNN	650 S, NORTHLAKE BOULEVARD, #450 ALTAMONTE SPRINGS, FL 32701 USA	
VICE PRESIDENT	SALVADOR LECCESE	650 S, NORTHLAKE BOULEVARD, #450 ALTAMONTE SPRINGS, FL 32701 USA	
DIRECTOR	JOHN FLYNN	650 S. NORTHLAKE BOULEVARD, #450 ALTAMONTE SPRINGS , FL 32701 USA	
DIRECTOR	SALVADOR LECCESE	650 S. NORTHLAKE BOULEVARD, #450 ALTAMONTE SPRINGS, FL 32701 USA	
DIRECTOR	ANDREW SHAFFER	650 S. NORTHLAKE BOULEVARD, #450 ALTAMONTE SPRINGS, FL 32701 USA	

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BRIAN LAPLANTE, ESQ. 78 KENWOOD STREET CRANSTON , RI 02907

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

**Signed this 30 Day of May, 2024 at 2:53:19 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By SALVADOR LECCESE

Signature of Authorized Person

Form No. 631 Revised 09/07

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