



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

FEB 03 2025

BY 10482

1. Entity ID Number 000163670		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-today operations.	
4. NAICS Code 813910			
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 ☐			
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	City North Kingstown	State RI
Zip 02852		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	City North Kingstown	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
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	City North Kingstown	State RI
Zip 02852		Zip 02852	
Director Name John J. Kupa, Jr., Esquire		Director Name	
Street Address 20 Oakdale Road		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 1/25/2025
Signature of Officer/Authorized Representative 			

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