



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

AA

FEB 05 2025

BY 7335

1. Entity ID Number 000046494		2. Exact name of the Corporation Pheasant Ridge Condominium Association, Inc.	
3. Principal Office Address c/o C.R.S. Management, LLC- 786 Oaklawn Avenue		City Cranston	State RI
		Zip 02920	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Management of condominium complex in Smithfield, RI		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sharon A. Ricci		Vice-President Name Joann Jefferson	
Street Address 17A Pheasant Run		Street Address 14B Pheasant Run	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Rae Caloura		Treasurer Name	
Street Address 47B Pheasant Run		Street Address	
City Smithfield	State RI	City	State
Zip 02917		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sharon A. Ricci		Director Name Joann Jefferson	
Street Address 17A Pheasant Run		Street Address 14B Pheasant Run	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Director Name Rae Caloura		Director Name	
Street Address 47B Pheasant Run		Street Address	
City Smithfield	State RI	City	State
Zip 02917		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		1000	CNP
			0.0000
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative Sharon A. Ricci			Date 1/30/25
Signature of Authorized Representative <i>Sharon A. Ricci</i>			

MAIL TO:

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