



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.

APR 07 2025



BY 1526

1. Entity ID Number 43742		2. Exact name of the Corporation Quidnessett Country Club Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management of a residential condominium complex			
4. NAICS Code 813990					
6. Principal Office Address 3210 Post Road		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mark Pechak			Vice-President Name Ross DePietro		
Street Address 15 Eagle Drive			Street Address 22 Eagle Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Lillian DiPietro			Treasurer Name Robert F. Tierney		
Street Address 22 Eagle Drive			Street Address 30 Eagle Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	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 Charles Gableman			Director Name Jack Goddison		
Street Address 26 Eagle Drive			Street Address 9 Eagle Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Daniel Greene			Director Name		
Street Address 42 Eagle Drive			Street Address		
City North Kingstown	State RI	Zip 02852	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.					
<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 Robert F. Tierney					Date 4/3/2025
Signature of Officer/Authorized Representative. 					

MAIL TO:
Division of Business Services
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