



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
126651		Bald Hill /Tollgate/Senior City Mobile Home Tenants Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Association to ensure fair treatment of tenants			
5. Principal Office Address		City	State	Zip	
979 Toll Gate Road #28		Warwick	RI	02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Brown		Vice-President Name Lois Selter			
Street Address 979 Toll Gate Road #19		Street Address 911 Toll Gate Road #36			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name no secretary at this time		Treasurer Name Janet Noke			
Street Address		Street Address 979 Toll Gate Road #28			
City	State	Zip	City Warwick	State RI	Zip 02886
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christine Ferria		Director Name John Kowal			
Street Address 911 Toll Gate Road #25		Street Address 911 Toll Gate Road #44			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Rick Cann		Director Name			
Street Address 979 Toll Gate Road #24		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Janet E Noke				Date 5/19/2016	
Signature of Officer/Authorized Representative 					

FILED
MAY 24 2016

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