



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 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 • This report must be typed or printed legibly.

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

1. Entity ID No. <b>41494</b>		2. Exact name of the Corporation <b>Calart Tower Condominium Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Management of the common areas of Calart Tower Condominium</b>			
5. Principal office address <b>400 Reservoir Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name <b>Bruce H. Adler</b>		Vice-President Name <b>Edward R. Sammartino</b>			
Street Address <b>400 Reservoir Avenue</b>		Street Address <b>400 Reservoir Avenue</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Edward R. Sammartino</b>		Treasurer Name <b>Edward R. Sammartino</b>			
Street Address <b>400 Reservoir Avenue</b>		Street Address <b>400 Reservoir Avenue</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name <b>Edward R. Sammartino</b>		Director Name <b>Arnold M. Montaquilla</b>			
Street Address <b>400 Reservoir Avenue</b>		Street Address <b>400 Reservoir Avenue</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>Edward R. Lemire</b>		Director Name			
Street Address <b>400 Reservoir Avenue</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED** *02*  
**JUL 13 2016**  
 BY 9137

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.

*Edward R. Sammartino* 7/7/16  
 Signature of Officer or Authorized Representative Date

**Edward R. Sammartino**

Print or Type Name of Officer or Authorized Representative