

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

2017 JUN - 1 AM 10:58
 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIV.

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 160997		2. Exact name of the Corporation Tollgate Court Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Residential housing/ condominium association			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 11 Sea Breeze Terrace			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Abosamra		Vice-President Name Angela L. Abosamra			
Street Address 11 Sea Breeze Terrace		Street Address 11 Sea Breeze Terrace			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Deborah A. Knight		Treasurer Name Charles Abosamra			
Street Address 420 No. Quidnesset Rd.		Street Address 11 Sea Breeze Terrace			
City No. Kingston	State RI	Zip 02852	City Warwick	State RI	Zip 02886J
8. 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 Jonathan S. Pratt		Director Name Charles Abosamra			
Street Address 85 Hawthorne Ave.		Street Address 11 Sea Breeze Terrace			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Deborah A. Knight		Director Name			
Street Address 420 No. Quidnesset Rd.		Street Address			
City No. Kingston	State RI	Zip 02852	City	State	Zip
9. 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 Charles Abosamra				Date May 26, 2017	
Signature of Officer/Authorized Representative <i>Charles Abosamra</i>					

FILED

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

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 160997
 BY *[Signature]*