



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

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.

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 SECRETARY OF STATE
 CORPORATION DIV
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1. Entity ID Number 41494		2. Exact name of the Corporation Calart Tower Condominium Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of the common areas of Calart Tower Condominium	
4. NAICS Code 813920 - Professional Organ			
6. Principal Office Address 400 Reservoir Avenue		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Bruce H. Adler		Vice-President Name BRUCE H ADLER	
Street Address 400 Reservoir Avenue		Street Address 400 Reservoir Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name EDWARD R. LEMIRE		Treasurer Name BRUCE H ADLER	
Street Address 400 Reservoir Avenue		Street Address 400 Reservoir Avenue	
City Providence	State ri	City Providence	State RI
Zip 02907		Zip 02907	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name EDWARD R LEMIRE		Director Name Arnold M. Montaquila	
Street Address 400 Reservoir Avenue		Street Address 400 Reservoir Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name JOAN KULISEK		Director Name JOAN KULISEK	
Street Address 400 Reservoir Avenue		Street Address 400 RESERVOIR	
City Providence	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative BRUCE H. ADLER			Date 5-10-18
Signature of Officer/Authorized Representative BRUCE H ADLER			

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

SIGN DOCUMENT HERE

FILED

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BY

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