



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2021**

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.

F 10
JUN 28 2021 STAMP
BY Tom Coucci FOR
SECRETARY OF STATE
RI ONLY

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 the Calart Tower Condominium			
4. NAICS Code 813920 - Professional Organizati					
6. Principal Office Address 400 Reservoir Ave		City Providence	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bruce H. Adler		Vice-President Name Bruce H. Adler			
Street Address 400 Reservoir Ave		Street Address 400 Reservoir Ave			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Bruce H. Adler		Treasurer Name Bruce H. Adler			
Street Address 400 Reservoir Ave		Street Address 400 Reservoir Ave			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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 Edward R. Lemire		Director Name John Kulisek			
Street Address 400 Reservoir Ave		Street Address 400 Reservoir Ave			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Arnold M. Montaquila		Director Name Bruce H. Adler			
Street Address 400 Reservoir Ave		Street Address 400 Reservoir Ave			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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 Tom Coucci - Authorized Representative				Date 06/17/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov