RI SOS Filing Number: 202199452440 Date: 7/21/2021 4:00:00 PM

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.

FILED
STAMP
JUL 21 2021
BY 2169

1. Entity ID Number	2. Exact name of the Corporation
000041494	Calart Tower Condominium Association, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Management of common elements of Calart Tower Condominium
4. NAICS Code: 813920 - Professional Organiz	

6. Principal Office Address	City	State	Zip
c/o Acropolis Management 76 Westminster St. Suite 204	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Bruce H. Adler	
Street Address: 535 N. Broadway	Street Address:
City: Upper Nyack; State: NY; Zip: 10960	City: ; State: ; Zip:
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Edward R. Lemire	John Kulisek
Street Address: 400 Reservoir Avenue	Street Address: 400 Reservoir Avenue
City: Providence; State: RI; Zip: 02906	City: Providence; State: RI; Zip: 02906
Director Name: Arnold M. Montaquila	Director Name: Bruce Adler
Street Address: 400 Reservoir Avenue	Street Address: 535 N. Broadway
City: Providence; State: RI; Zip: 02907	City: Upper Nyack; State: NY; Zip: 10960

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.

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	Date
Bruce Adler BRUCE ADLER	7-19-21
Signature of Officer/Authorized Representative: Bruce 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

FORM 631 - Revised: 08/2020