

REC'D RIDOS BSD
24 FEB 6 PM 3:14:39State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000794587		2. Exact name of the Corporation Old Mill Village on Blackstone River a Condominium Community	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Association	
4. NAICS Code 813990			
6. Principal Office Address c/o Wildfire/Doolittle, 90 Wheeler Street		City Rehoboth	State MA Zip 02769
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Flanagan		Vice-President Name Eric Colon/Lee Gill	
Street Address 1742 Lonsdale Ave Unit #5		Street Address 1748 Lonsdale Ave Unit #12	
City Lincoln	State RI	Zip 02865	City Lincoln State RI Zip 02865
Secretary Name Nicole Dalessandro		Treasurer Name Elsa Falcone/Eric Colon	
Street Address 1748 Lonsdale Ave Unit #10		Street Address 1746 Lonsdale Ave Unit #11	
City Lincoln	State RI	Zip 02865	City Lincoln State RI Zip 02865
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 John Flanagan		Director Name Nicole Dalessandro	
Street Address 1742 Lonsdale Ave #5		Street Address 1748 Lonsdale Ave #10	
City Lincoln	State RI	Zip 02865	City Lincoln State RI Zip 02865
Director Name Elsa Falcone		Director Name	
Street Address 1746 Lonsdale Ave #11		Street Address	
City Lincoln	State RI	Zip 02865	City State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 841.			
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 Elsa Falcone			Date 01/30/2024
Signature of Officer/Authorized Representative <i>Elsa Falcone</i>			FILED FEB 06 2024 BY ML B3FGF