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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 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 DeFelice Management, 3970 Post Road			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 Neil Derby		Vice-President Name none			
Street Address 1744 Lonsdale Ave Unit #6		Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name		Treasurer Name Elsa Falcone			
Street Address		Street Address 1746 Lonsdale Ave Unit #11			
City	State	Zip	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 Neil Derby		Director Name John Flanagan			
Street Address 1744 Lonsdale Ave #6		Street Address 1742 Lonsdale Ave #5			
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 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 Elsa Falcone					Date 01/30/2024
Signature of Officer/Authorized Representative <i>Elsa Falcone</i>					FILED
FEB 06 2024					

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MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov