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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2016  
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 <b>000794587</b>		2. Exact name of the Corporation <b>Old Mill Village on Blackstone River a Condominium Community</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Condominium Association</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>c/o DeFelice Management, 3970 Post Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edward Boucher</b>		Vice-President Name <b>none</b>			
Street Address <b>1748 Lonsdale Ave Unit #12</b>		Street Address			
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name <b>Ashly Paris</b>		Treasurer Name <b>Elsa Falcone</b>			
Street Address <b>9 Cook Street Unit #4</b>		Street Address <b>1746 Lonsdale Ave Unit #11</b>			
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Elsa Falcone</b>		Director Name <b>John Flanagan</b>			
Street Address <b>1746 Lonsdale Ave #11</b>		Street Address <b>1742 Lonsdale Ave #5</b>			
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name <b>Nel Derby</b>		Director Name			
Street Address <b>1744 Lonsdale Ave #6</b>		Street Address			
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	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.					
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 <b>Elsa Falcone</b>				Date <b>01/30/2024</b>	
Signature of Officer/Authorized Representative <i>Elsa Falcone</i>				<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.bos.ri.gov

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