RI SOS Filing Number: 202454064980 Date: 4/29/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 29 2024
BY

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	2. Exact name of the Corporation
1758004	Colonial Terrace Condominium Association, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Hold and manage condominium property
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
136 Prospect Street	Pawtucket	RI	02860

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

President Name: Kimberly Melo			Vice-President Name: Isabella Ciolfi		
Street Address: 136 Prospect Street			Street Address: 134 Prospect Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Secretary Name: Kimberly Melo			Treasurer Name: Jose Ordonez		
Street Address: 136 Prospect Street			Street Address: 138 Prospect Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

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

Director Name: Isabella Ciolfi			Director Name: Kimberly Melo		
Street Address: 134 Prospect Street			Street Address: 136 Prospect Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Director Name: Jose Ordonez			Director Name: None		
Street Address: 138 Prospect Street			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	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	Date
Kimberly Melo	4/10/24

Signature of Officer/Authorized Representative
X Kimberly Melo

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: 12/2023