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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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: 28626	2. Exact name of the Corporation: Charlestown by the Sea Civic Assoc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Private parking area owned and maintained by the Association. active - SUMMERTIME
4. NAICS Code: 812390	

6. Principal Office Address: P.O. Box 934	City: Charlestown	State: RI	Zip: 02813

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Michael Collins			Vice-President Name: Kathy McCarthy		
Street Address: 9 LYNDENWOOD Dr.			Street Address: 10 ARMITAGE RD		
City: BROOKFIELD	State: CT	Zip: 06804	City: ASHFORD	State: CT	Zip: 06278
Secretary Name: KAREN SHERMAN			Treasurer Name: PATRICIA MAGUIRE		
Street Address: 53 EDGEWARE ST.			Street Address: 21 SHORE DR.		
City: CHARLESTOWN	State: RI	Zip: 02813	City: CHARLESTOWN	State: RI	Zip: 02813

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: Michael Collins			Director Name: KATHY MCCARTHY		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name: KAREN SHERMAN			Director Name		
Street Address: SAME AS ABOVE			Street Address		
City	State	Zip	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: PATRICIA MAGUIRE	Date: 2-5-2025
Signature of Officer/Authorized Representative: Patricia Maguire	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY X1237

FORM 631- Revised: 04/2023