	State of Rhode		Fee: \$20.00
	Office of the Secreta	•	
	Division Of Busines		
	148 W. River S Providence RI 029		
7636	(401) 222-30		
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma In accordance with R.I.G.L. 7-	6-94, each corporation failing		
annual report within the time p penalty fee of \$25.00.	prescribed by law (R.I.G.L. 7-6	6-91) is subject to a	
ANNUAL REPORT YEAR - EN	ITER THE CURRENT YEAR 2	025 : <u>2025</u>	
1. Corporate ID No. 0009	77949		
2. Name of Corporation \underline{CA}	STLE ROCK CONDOMIN	IUM ASSOCIATIO	N, INC.
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
primary type of activity in wh populate a NAICS Code base	NAICS Code below, select the ich your entity engages. The ed on the chosen selection. If ssistance with selecting a clas	box to the right of the the NAICS Code is ki	e dropdown will
NAICS Code			
<u>813990</u>			
4. Principal Office Address			
	<u>IGHT STREET</u> ICK State	• DI 7: 07006	Country: USA
City or Town: <u>WARW</u>	ICK State	:: <u>RI</u> Zip: <u>02886</u>	Country: <u>USA</u>
5. Brief Description of the C	haracter of the Affairs Condu	icted in Rhode Island	d
TO MANAGE, OPERATE	AND MAINTAIN THE C	ONDOMINIUM CO	OMMUNITY
6. Names and Addresses of	the Officers and Directors:		
All Directors and Officers m Island Corporation shall not	ust be listed individually. Th be less than 3.	e number of DIRECT	ORS of a Rhode
Title	Individual Name First, Middle, Last, Suffix		Iress State, Zip Code, Country

SECRETARY	CARRIE MILSLAGLE	95 ARLINGTON STREET NORTH MERIDEN, CT 06450 USA	
VICE PRESIDENT	DAVID POLLOCK	13B CASTLE ROCK DRIVE CHARLESTOWN, RI 02813 USA	
DIRECTOR	DAVID POLLOCK	13B CASTLE ROCK DRIVE CHARLESTOWN, RI 02813 USA	
DIRECTOR	CARRIE MILSLAGLE	95 ARLINGTON STREET NORTH MERIDEN, CT 06450 USA	
DIRECTOR	CATHERINE TWOHILL	23B CASTLE ROCK DRIVE CHARLESTOWN, RI 02813 USA	
DIRECTOR	WILLIAM RUNDLE	408B HERITAGE HILLS SOMERS, NY 10589 USA	
DIRECTOR	BRUCE KOERBER	9D NORTH CASTLE WAY CHARLESTOWN, RI 02813 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

AMELIE HENNESSY 181 KNIGHT STREET, SUITE B WARWICK , RI 02886

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of February, 2025 at 2:09:05 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DAVID POLLOCK

Signature of Authorized Person

Form No. 631 Revised 09/07

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