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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 17 2025
BY 1674

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	2. Exact name of the Corporation
001684070	Carriage House Condominium Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Condominium/ Home Owners Association
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
6 Howe Street	Middletown	RI	02842

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

President Name: Barbara Furtado			Vice-President Name: Aliceson Dusang		
Street Address: 14 Tobin Lane			Street Address: 6 Howe Street, #4		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Thomas Bird			Treasurer Name: Catherine Flannagan		
Street Address: 15 Bens Way			Street Address: 99 Pond Ave, #519		
City: Hopedale	State: MA	Zip: 01747	City: Brookline	State: MA	Zip: 02445

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

Director Name: Barbara Furtado			Director Name: Aliceson Dusang		
Street Address: 14 Tobin Lane			Street Address: 6 Howe Street, #4		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Director Name: Thomas Bird			Director Name: Catherine Flanagan		
Street Address: 15 Bens Way			Street Address: 99 Pond Ave, #519		
City: Hopedale	State: MA	Zip: 01747	City: Brookline	State: MA	Zip: 02445

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
Ana E. Lake	**2/1/2025**

Signature of Officer/Authorized Representative

MAIL TO:
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