RI SOS Filing Number: 202566681910 Date: 3/5/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 05 2025
BY

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
000125362	Crystal Creek Home Owners Association, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: TO MANAGE THE USE AND ENJOYMENT OF THE OPEN SPACE AREAS AS SUCH
4. NAICS Code: 624229 - Other Community Hou	

6. Principal Office Address	City	State	Zip
60 McPartland Way	East Greenwich	RI	02818

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

President Name: Robert Nostramo			Vice-President Name: Christopher L. Russo		
Street Address: 20 McPartland Way			Street Address: 60 McPartland Way		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Joshua Jarbeau			Treasurer Name		
Street Address: 70 McPartland Way			Street Address		
City: East Greenwich	State: RI	Zip: 02818	City	State	Zip

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

Director Name: Robert Nostramo			Director Name: Christopher L. Russo		
Street Address: same as above			Street Address: same as above		
City	State: RI	Zip	City	State: RI	Zip
Director Name: Joshua Jarbeau			Director Name		
Street Address: same as above			Street Address		
City	State: RI	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	Date
Christopher L. Russo	1/28/25

Signature of Officer/Authorized Representative

Christopher L. Russo

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: 11/2021