



State of Rhode Island
Department of State - Business Services Division

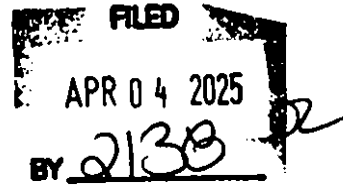
Annual Report for the year: 2025

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 001658507		2. Exact name of the Corporation Tollgate Hill Farm Property Owner's Association					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Responsible for the operation, maintenance and repair of the stormwater collection and management system for the subdivision of land situated City of Warwick, County of Kent, State of Rhode Island.					
4. NAICS Code 813990							
6. Principal Office Address One James P. Murphy Highway Suite 200				City West Warwick		State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐							
President Name None				Vice-President Name None			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Secretary Name				Treasurer Name			
Street Address				Street Address			
City		State	Zip	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 Stephen G. Soscia				Director Name Michael Mancuso			
Street Address One James P. Murphy Hwy Suite 200				Street Address One James P. Murphy Hwy Suite 200			
City West Warwick		State RI	Zip 02893	City West Warwick		State RI	Zip 02893
Director Name Glenn Kaplan				Director Name			
Street Address 100 Jericho Quadrangle Suite 142				Street Address			
City Jericho		State NY	Zip 11753	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 Stephen Soscia Director						Date 3-12-2025	
Signature of Officer/Authorized Representative 							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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