State of Rhode Island
Department of State - Business Services Division

FILED
APR 04 2025
BY 2138

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
001658507	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	City	State	Zip
One James P. Murphy Highway Suite 200	West Warwick	RI	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	Date
Stephen Soscia Director	3·12 2025

Signature of Officer/Authorized Representative: Stephen Soscia Director

MAIL TO:
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