



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.

**FILED**  
APR 04 2025  
BY 2138

1. Entity ID Number <b>001658507</b>		2. Exact name of the Corporation <b>Tollgate Hill Farm Property Owner's Association</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>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.</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>One James P. Murphy Highway Suite 200</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>None</b>			Vice-President Name <b>None</b>		
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Stephen G. Soscia</b>			Director Name <b>Michael Mancuso</b>		
Street Address <b>One James P. Murphy Hwy Suite 200</b>			Street Address <b>One James P. Murphy Hwy Suite 200</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>Glenn Kaplan</b>			Director Name		
Street Address <b>100 Jericho Quadrangle Suite 142</b>			Street Address		
City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Stephen Soscia Director</b>					Date <b>3-12-2025</b>
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
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