



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001750805

2. Name of Corporation Permanent Stag Circle HOA - Charlestown

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

4. Principal Office Address

No. and Street: 59 STAG CIRCLE

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

STATE AGREED UP PROCEDURES FOR TAKING CARE OF SHARED EXPENSES SUCH AS ROAD MAINTENANCE/SNOW REMOVAL, CISTERN MAINTENANCE, LIABILITY INSURANCE, ETC.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	LISA TOWNSON	59 STAG CIRCLE CHARLESTOWN, RI 02813 USA
OTHER OFFICER	LISA TOWNSON	59 STAG CIRCLE CHARLESTOWN, RI 02813 USA
DIRECTOR	LISA TOWNSON	59 STAG CIRCLE CHARLESTOWN, RI 02813 USA
DIRECTOR	MARGARET TERRANOVA	23 STAG CIRCEL CHARELSTOWN, RI 02813 USA
DIRECTOR	CRAIG MARTIN	64 STAG CIRCLE CHARLESTOWN, RI 02813 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LISA TOWNSON 59 STAG CIRCLE CHARLESTOWN , RI 02813

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of April, 2025 at 9:24:58 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LISA TOWNSON
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved