



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 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.

STAMP

RECEIVED
I. DEPT. OF STATE
BUS SVCS DIV

15 MAY 19 2025

1. Entity ID Number 001766496		2. Exact name of the Corporation Tower Street Center, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Tower Street Center will be a new, innovative community center for Westerly. It will be a place that combines health and wellness, education, childcare and recreation under one roof. It will be			
4. NAICS Code 839999					
6. Principal Office Address 93 Tower Street		City Westerly		State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Nicholas Moore			Vice-President Name None		
Street Address 8 Sound Shore Drive, Suite 140			Street Address		
City Greenwich	State CT	Zip 06830	City	State	Zip
Secretary Name Alison Croke			Treasurer Name Donald Frink		
Street Address 823 Main Street			Street Address 823 Main St		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Denise Algieri			Director Name Mark Garceau		
Street Address 6 Elm Street			Street Address 23 Highland Ave		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Charles Royce			Director Name Shawn Lacey		
Street Address 8 Sound Shore Drive, Suite 140			Street Address 12 Frontage Rd		
City Greenwich	State CT	Zip 06830	City Westerly	State RI	Zip 02891
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 Donald Frink - Treasurer					Date 05/13/2025
Signature of Officer/Authorized Representative <i>Donald R Frink</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAY 19 2025

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