



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

MAY 28 2020

2030 PS

BY _____

1. Entity ID Number 000126651		2. Exact name of the Corporation Bald Hill/Tollgate/Senior City Mobile Home Tenants Ass					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Educate and advise mobile homeowners and residents of Bald Hill/Tollgate/Senior City Mobile Home Park					
4. NAICS Code 813319 - Other Social Adv		Title: 7-6					
6. Principal Office Address 979 Toll Gate Road #28				City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>							
President Name Michael Brown				Vice-President Name Lois Selter			
Street Address 979 Toll Gate Road #19				Street Address 911 Toll Gate Road #36			
City Warwick		State RI	Zip 02886		City Warwick		Zip 02886
Secretary Name				Treasurer Name Janet Noke			
Street Address				Street Address 979 Toll Gate Road #28			
City		State	Zip		City Warwick		Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>							
Director Name John Kowal				Director Name Christine Ferria			
Street Address 911 Toll Gate Road # 44				Street Address 911 Toll Gate Road # 25			
City Warwick		State RI	Zip 02886		City Warwick		Zip 02886
Director Name Rick Cann				Director Name			
Street Address 979 Toll Gate Road # 24				Street Address			
City Warwick		State RI	Zip 02886		City		Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>							
Name of Officer/Authorized Representative Janet Noke					Date May 19, 2020		
Signature of Officer/Authorized Representative 							