



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 140827	2. Name of Corporation Ocean Breeze Condominium Association		
3. State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address 181 Knight St	City Warwick	Zip 02886
5. Foreign corporation: Enter principal office address		City	State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Condominium Management

7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Cynthia Dibble	Vice President Name	
Street Address 21 Starr Drive #105	Street Address	
City Narragansett	State RI	Zip 02882
Secretary Name Eleanor McSally	Treasurer Name Patricia Elmer	
Street Address PO Box 4558	Street Address 9 Sidney Road	
City Wakefield	State RI	Zip 02880
City Sturbridge	State MA	Zip 01566

8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name Cynthia Dibble	Director Name Eleanor McSally	
Street Address 21 Starr Drive #105	Street Address PO Box 4558	
City Narragansett	State RI	Zip 02882
City Wakefield	State RI	Zip 02880
Director Name Patricia Elmer	Director Name	
Street Address 9 Sidney Road	Street Address	
City Sturbridge	State MA	Zip 01566

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

Agent Name John P. Morgan	Address	
Address 181 Knight St	City Warwick	Zip 02886

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date: JUN 20 2008

Check No. By: 39117

FOR SECRETARY OF STATE USE ONLY

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.

Cynthia J. Dibble 6/11/08

Signature of Officer Date

Cynthia Dibble

Print or Type Name of Officer

President

Title of Officer