



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

1. Corporate ID No. 158186		2. Name of Corporation Orchard Meadows Homeowners Association, Inc.			
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 1296 Narragansett Blvd.		City Cranston	Zip 02905
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 Subdivision homeowners association					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PETER ALVITI JR			Vice President Name		
Street Address 1296 NARRAGANSETT BLVD			Street Address		
City CRANSTON	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 ROBERT MORETTI			Director Name FRANCIS J MARIANO		
Street Address 155 MESHANATICUA PKWY			Street Address 2 OAK TREE LAKE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name PETER ALVITI JR.			Director Name		
Street Address AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

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.

Signature of Officer

Date

PETER ALVITI JR

Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date	FILED
Check No.	MAR 23 2009
By	By 084486 11:42
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