



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
118 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. <b>37863</b>		2. Name of Corporation <b>OAK FOREST OWNERS ASSOCIATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>314 OLIPHANT LANE</b>		City <b>MIDDLETOWN</b>	Zip <b>02842</b>
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 <b>THE ADMINISTRATION AND MANAGEMENT OF THE OAK FOREST SUB DIVISION IN LITTLE COMPTON, RI</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LORI CRAFTY</b>			Vice President Name <b>PAUL VALENTE</b>		
Street Address <b>12 SAKONNET TRAIL</b>			Street Address <b>2 SAKONNET TRAIL</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>
Secretary Name <b>RON TAMARO</b>			Treasurer Name <b>DAVE TINKOFF</b>		
Street Address <b>65 OAK FOREST DRIVE</b>			Street Address <b>21 SAKONNET TRAIL</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>
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 <input checked="" type="checkbox"/> <b>KATHERINE CRELLIN</b>			Director Name <input checked="" type="checkbox"/> <b>CLAIRE JOHNSON</b>		
Street Address <b>5 SAKONNET TRAIL</b>			Street Address <b>32 SAKONNET TRAIL</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>
Director Name <input checked="" type="checkbox"/> <b>SUZANNE SCALLIN</b>			Director Name <b>REINE HOROWITZ</b>		
Street Address <b>72 OAK FOREST DRIVE</b>			Street Address <b>43 OAK FOREST DRIVE</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>
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

**37863**  
**FILED**

File Date	<b>APR 16 2009</b>
Check No.	<b>By DS 10:07</b>
By:	
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.

Signature of Officer

Date

**LORI CRAFTY**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer