

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 2011

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.	2. Name of Con	2. Name of Corporation				
60595	THE OCEA	THE OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.				
3. State of Incorporation	4. Corporate ad	dress in Rbode Island - Street A	Address	City	Zip	
RHODE ISLAND	274 B SHC	RE ROAD		WESTERLY	02891	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara	cter of the affairs whic	b are actually conducted in RI	bode Island			
To manage the property	of the homeown	ers of the condo units; a	all of which (directors) are hor	neowners themselves		
7 NAMES AND ADDRES	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	CES REFORE USING ATTA	CHMENTS	
President Name	SES OF THE OT	iolio, (a boa ion a	Vice President Name		CILMIENTO	
ROBERT BISBEE			N/A			
Street Address			Street Address			
274 B SHORE ROAD						
City	State	Zip	City	State	Zip	
WESTERLY	RI	02891				
Secretary Name			Treasurer Name			
JOSEPH GIACONE	<u> </u>		KAREN HEJDUK-C	CLARK		
Street Address			Street Address			
153 KEELER DRIVE			272 B SHORE ROAD			
City	State	Zip	City	State	Zip	
RIDGEFIELD	ICT	06877	WESTERLY	RI	02891	
		•	ATTACHMENT) FILL IN SPA			
	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL Director Name	NUL BE LESS THAN THE	EE (3). K.I.G.L. /-0-23	
Director Name						
ROBERT BISBEE Street Address			KAREN HEJDUK-CLARK Street Address			
274 B SHORE ROAD			272 B SHORE ROAD			
City	State	Zip	City	State	Zip	
WESTERLY	RI	02891	WESTERLY	RI	02891	
Director Name		02.001	Director Name		10200:	
JOSEPH GIACONE						
Street Address			Street Address			
153 KEELER DRIVE						
City	State	Zip	City	State	Zip	
RIDGEFIELD	СТ	06877	l	1		
9. REGISTERED AGENT	IN RHODE ISLA	ND				
This information is curren	tly of record in th	e Office of the Secretary	of State. Changes require filing of	of Form 641 - R I G I 7-6-1	3/7_6_78	
This information is cultured	or record in a	control of the occidency (or baile. Changes require iming (or Folia Ott - K.I.O.L. /-O-1.	Ji i V-10	
This report n	nust be signed by	either the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer, Rec	eiver or Trustee	

60595	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
I ILLU	statements contained herein are true and correct.
File Date	foren Hiduk-Clark 16/14/201
mno)	Signature of Officer. Date
Check No. By	KAPEKL HEJDUK-CLARK
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TREASURER
TOR SECRETARY OF STATE OSE OVER	Title of Officer