

10202

A. Raiph 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.

penalty fee of \$25.00.							
1. Corporate ID No.	2. Name of Corporation						
28383	OAKCREST VILLAGE CONDOMINIUM ASSOCIATION, INC.						
3. State of Incorporation	4. Corporate address in R	4. Corporate address in Rhode Island - Street Address			Zip		
RHODE ISLAND	144 OAK PARK [DRIVE		NO. PROVIDENCE	02904		
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island							
MANAGEMENT OF COND	OMINIUM ASSOCIA	TION					
7 MARKE AND ADDRESS	OF THE OPERADO	AND how you are and	CARTE IN COLUMN				
	OF THE OFFICERS	: ("X" BOX FOR AITACHI -	WENT) THE IN SPACES BE	PORE USING ATTACH	MENTS		
President Name THOMAS J. CALDARONE			Vice President Name				
Street Address			VICTORIA C. RICCI				
129 FORESTWOOD DR				=			
Cuy	State	Zip	City	State	2ip		
NO. PROVIDENCE	RI	02904	NO. PROVIDENCE	RI	02904		
Secretary Name	1.2.7	,0250.	Treasurer Name				
RONALD R. MONTECAL	.VO		ROLAND P. BONVOULO	NR			
Street Address			Street Address				
153 OAK PARK DRIVE			144 OAK PARK DRIVE				
City	State	Zip	City	State	Zip		
NO. PROVIDENCE	RI	02904	NO. PROVIDENCE	RI	02904		
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	IS: ("X" BOX FOR ATTAC	hment) [] fill in spaces bi	EFORE USING ATTACH	MENTS		
THE NUMBER OF DIRECT	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION <u>SHALL NOT B</u>	E LESS THAN THREE	(3). R.I.G.L. 7-6-23		
Director Name			Director Name				
PASQUALE ALMONTE,	JR		JEAN MCGINN				
Street Address			Street Address				
107 FORESTWOOD DR	IVE		133 OAK PARK DRIVE				
City	State	Zip	City	State	Zip		
NO. PROVIDENCE	RI	02904	NO. PROVIDENCE	RI	02904		
Director Name			Director Name				
THOMAS J. CALDARON	iE			<u> </u>	T-1-1-1-1-1		
Street Address			Street Address				
129 FORESTWOOD DR	· · · · · · · · · · · · · · · · · · ·						
City	State	Zip	City	State	Zip		
NO. PROVIDENCE	RI	02904	i	1			
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	t be signed by either t	he President, Vice Presi	dent, Secretary, Assistant Secr	etary, Treasurer, Receiv	er or Trustee		

	28383	Violes analysis of animal Library and offers that I have			
	FILED	Under penalty of perjury, I declare and affirm that I have examine report, including any accompanying schedules and statements, and the			
File Date	JUN 24 2011	statements contained herein are true and correct.	04/23/		
Check No	By MMC	Signature of Officer ROLAND P. BONVOULOIR	Date		
<i>B</i> y:	3672	Print or Type Name of Officer TREASURER			
rok	SECRETARY OF STATE USE ONLY	Title of Officer Form 63	1 Rev. 09/17		