



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 28383		2. Exact name of the Corporation Oak CREST Village Condominium Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Management of Condominium Association			
5. Principal office address 144 Oak Park Drive		City North Providence		State RI	Zip 02904
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Victoria Ricci		Vice-President Name Jo-Ann Carlton			
Street Address 127 Forestwood Drive		Street Address 121 Forestwood Drive			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Ronald Montecalvo		Treasurer Name Roland Bonvouloir			
Street Address 153 Oak Park Drive		Street Address 144 Oak Park Drive			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Victoria Ricci		Director Name Margaret Koshgarian			
Street Address 127 Forestwood Drive		Street Address 145 oak Park Drive			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Roland Bonvouloir		Director Name			
Street Address 144 Oak Park Drive		Street Address			
City North Providence	State RI	Zip 02904	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

FILED
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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.

Roland Bonvouloir 06/01/2013
Signature of Officer Date

Rolabd Bonvouloir
Print or Type Name of Officer

Treasurer

Title of Officer