



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 37863		2. Exact name of the Corporation OAK FOREST OWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island THE ADMINISTRATION AND MANAGEMENT OF THE OAK FOREST SUB DIVISION IN LITTLE COMPTON, RI			
5. Principal office address 314 OLIPHANT LANE		City MIDDLETOWN		State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JOHN LARUE		Vice-President Name PAUL VALENTE			
Street Address 35 OAK FOREST DRIVE		Street Address 2 SAKONNET TRAIL			
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
Secretary Name REINE HOROWITZ		Treasurer Name ELIZABETH RHYNE			
Street Address 43 OAK FOREST DRIVE		Street Address 40 PACHET BROOK ROAD			
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name GINA AUGUSTUS		Director Name CLAIR JOHNSON			
Street Address 41 PACHET BROOK ROAD		Street Address 32 SAKONNET TRAIL			
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
Director Name SUZANNE MADDEN		Director Name			
Street Address 72 OAK FOREST DRIVE		Street Address			
City LITTLE COMPTON	State RI	Zip 02837	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, duly Authorized Representative, Receiver or Trustee

FILED

MAY 09 2014

File Date _____

Check No _____

By: _____

BY **20331**

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 or Authorized Representative

Date

5-2-14

John P Larue

Print or Type Name of Officer or Authorized Representative