



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. 38958		2. Exact name of the Corporation Old Orchard Condominiums Association			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Condo Association			
5. Principal office address 8 Howe St. unit #3		City Bristol		State R.I.	Zip 02809
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Card		Vice-President Name None			
Street Address 10 Howe St. Unit #2		Street Address			
City Bristol	State R.I.	Zip 02809	City	State	Zip
Secretary Name Patricia Mitchell		Treasurer Name Esther Owen			
Street Address 10 Howe St. Unit #3		Street Address 8 Howe St. Unit #3			
City Bristol	State R.I.	Zip 02809	City Bristol	State R.I.	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Card		Director Name Esther Owen			
Street Address 10 Howe St. Unit #2		Street Address 8 Howe St. Unit #3			
City Bristol	State R.I.	Zip 02809	City Bristol	State R.I.	Zip 02809
Director Name Patricia Mitchell		Director Name			
Street Address 10 Howe St. Unit #3		Street Address			
City Bristol	State R.I.	Zip 02809	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 03 2014

BY

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

PATRICIA MITCHELL
Print or Type Name of Officer or Authorized Representative