



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. 34098		2. Exact name of the Corporation Orchard Acres, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintaining, administering and preserving a small parcel of land to be used as beach purposes-recreational for Orchard Acres plat residents.			
5. Principal office address c/o John E. Tucker 3 James Street		City Greenville	State RI	Zip 02828	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John E. Tucker		Vice-President Name James E. Tucker			
Street Address 3 James Street		Street Address 63 Pine Ledge Road			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Leslie J. Tucker		Treasurer Name John E. Tucker			
Street Address 3 James Street		Street Address 3 James Street			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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 E. Tucker		Director Name Leslie J. Tucker			
Street Address 3 James Street		Street Address 3 James Street			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name James E. Tucker		Director Name None			
Street Address 63 Pine Ledge Road		Street Address			
City Greenville	State RI	Zip 02828	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 10 2014

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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.

John E. Tucker
Signature of Officer or Authorized Representative

06/07/2014

Date

John E. Tucker, President

Print or Type Name of Officer or Authorized Representative