



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 **2015**

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. 56407		2. Exact name of the Corporation ORCHARD GATE 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 Affairs			
5. Principal office address 125 Smith Avenue Unit 7C		City Greenville	State RI	Zip 02828	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carol A. Christian		Vice-President Name Mary Jane Gallagher			
Street Address 125 Smith Avenue Unit 3D		Street Address 125 Smith Avenue Unit 4B			
City Greenville,	State RI	Zip 02828	City Greenville,	State RI	Zip 02828
Secretary Name Bernice Butera		Treasurer Name Thomas Butera			
Street Address 125 Smith Avenue Unit 7C		Street Address 125 Smith Avenue Unit 7C			
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 Moniz		Director Name Barbara Glittone			
Street Address 125 Smith Avenue Unit 5F		Street Address 125 Smith Avenue Unit 8F			
City Greenville,	State RI	Zip 02828	City Greenville,	State RI	Zip 02828
Director Name Bernice Butera		Director Name			
Street Address 125 Smith Avenue		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

FILED

MAY 21 2015

File Date _____

Check No **BY 2542**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Thomas Butera **5/19/2015**
 Signature of Officer or Authorized Representative Date

Thomas J. Butera
 Print or Type Name of Officer or Authorized Representative