



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. 74849		2. Exact name of the Corporation The Richmond Oak Ridge Condominium			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Condominium			
5. Principal office address 500 Kingstown Road		City Richmond	State RI	Zip 02892	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cynthia Ayotte			Vice-President Name Lisa Taylor		
Street Address 500 Kingstown Rd Unit 2A			Street Address 500 Kingstown Rd Unit 7A		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Beth Zangari			Treasurer Name Nancy Kipp		
Street Address 500 Kingstown Rd Unit 4B			Street Address 500 Kingstown Rd Unit 1B		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
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 Russel Creegan			Director Name Marge Smith		
Street Address 500 Kingstown Rd Unit 6B			Street Address 500 Kingstown Rd Unit 2B		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name Donna Mills			Director Name June Carlton		
Street Address 500 Kingstown Rd Unit 1A			Street Address 500 Kingstown Rd Unit 10B		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
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 _____ 9:30 AM
FILED
 JUN 04 2015
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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.

Cynthia Ayotte 5/30/15
 Signature of Officer or Authorized Representative Date
Cynthia Ayotte
 Print or Type Name of Officer or Authorized Representative

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 JUN 1 2015
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