



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. 92072		2. Exact name of the Corporation The Regina M. O'Hara Charitable Foundation, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 501 Centerville Road #103		City Warwick	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patrice O'Hara		Vice-President Name			
Street Address 47 Albert Circle		Street Address			
City Buxton	State ME	Zip 04093	City	State	Zip
Secretary Name Randolph K. Dittmar, CPA		Treasurer Name Randolph K. Dittmar, CPA			
Street Address 501 Centerville Road, Suite 103		Street Address 501 Centerville Road, Suite 103			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Patrice O'Hara		Director Name William Angell			
Street Address 47 Albert Circle		Street Address 13 Cedar Pond Drive #6			
City Buxton	State ME	Zip 04093	City Warwick	State RI	Zip 02886
Director Name Randolph K. Dittmar, CPA		Director Name Anna-Maria Tripp			
Street Address 501 Centerville Road, Suite 103		Street Address 47 Albert Circle			
City Warwick	State RI	Zip 02886	City Buxton	State ME	Zip 04093
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

AUG 06 2015

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.

File Date _____

Check No _____

By: _____

BY

7029

[Signature]

Signature of Officer or Authorized Representative

07/23/15

Date

FOR SECRETARY OF STATE USE ONLY

AUG 06 2015

FILED

Randolph K. Dittmar

Print or Type Name of Officer or Authorized Representative

Entity ID No. 92072

Name: The Regina M. O'Hara Charitable Foundation, Inc.

Director #5:

Marguerite Dow

PO Box 729

Bar Mills, ME 04004

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AUG 06 2015
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