



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. 60595		2. Exact name of the Corporation THE OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To manage the property of the homeowners of the condo units; all of which (directors) are homeowners themselves			
5. Principal office address 272 B SHORE ROAD		City WESTERLY		State RI	Zip 02891
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT BISBEE		Vice-President Name N/A			
Street Address 274 B SHORE ROAD		Street Address			
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name ALLISON ROSE		Treasurer Name KAREN HEJDUK-CLARK			
Street Address 272 D SHORE ROAD		Street Address 272 B SHORE ROAD			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT BISBEE		Director Name KAREN HEJDUK-CLARK			
Street Address 274 B SHORE ROAD		Street Address 272 B SHORE ROAD			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name ALLISON ROSE		Director Name			
Street Address 272 D SHORE ROAD		Street Address			
City WESTERLY	State RI	Zip 02891	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 *m*

File Date _____

DEC 10 2015

Check No _____

By: _____ BY *CA 263009*

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.

Karen Hejduk-Clark 11.30.2015
Signature of Officer or Authorized Representative Date

KAREN HEJDUK-CLARK, TREASURER
Print or Type Name of Officer or Authorized Representative