



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
87889		Orchard Meadows Condominium Association, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Manage the affairs of the condominium association			
5. Principal Office Address		City	State	Zip	
181 Knight Street		Warwick	RI	02886	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Norman Gauvin		Vice-President Name Frank Joseph			
Street Address 100 Orchard Meadows Drive		Street Address 89 Orchard Meadows Drive			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Pamela Goodness		Treasurer Name Kevin Donahue			
Street Address 75 Orchard Meadows Drive		Street Address 34 Orchard Meadows Drive			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Richard St. Louis		Director Name Joyce Lombardy			
Street Address 95 Orchard Meadows Drive		Street Address 97 Orchard Meadows Drive			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Ronald Smith		Director Name			
Street Address 77 Orchard Meadows Drive		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Norman Gauvin, President				Date 5/28/2016	
Signature of Officer/Authorized Representative 					

FILED

JUN 17 2016

BY 512479  
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