



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL 26 PM 3:51

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			
538922		Ocean House Condominium Association, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Condominium Association			
5. Principal Office Address		City	State	Zip	
1 Bluff Avenue		Westerly	RI	02891	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
Nicholas C. Moore		Charles M. Royce			
Street Address		Street Address			
1 Bluff Avenue		1 Bluff Avenue			
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
Secretary Name		Treasurer Name			
Daniel A. Hostettler		Robert Haroun			
Street Address		Street Address			
1 Bluff Avenue		1 Bluff Avenue			
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Nicholas C. Moore		Charles M. Royce			
Street Address		Street Address			
1 Bluff Avenue		1 Bluff Avenue			
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
Director Name		Director Name			
Daniel A. Hostettler		Robert Haroun			
Street Address		Street Address			
1 Bluff Avenue		1 Bluff Avenue			
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative					Date
Nicholas C. Moore, President					July 26 2016
Signature of Officer/Authorized Representative					

FILED

JUL 26 2016

BY Mr 279962