



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000144687

2. Exact Name of the Limited Liability Company Ocean Meadow Homeowners Association, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 81

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MANAGE AND GOVERN 10 LOT SUBDIVISION IN NARRAGANSETT, RI

5. Principal Office Address

No. and Street: 32 SOUTHERN VIEW DRIVE
City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 32 SOUTHERN VIEW DRIVE
City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOSEPH GRIFFITH	32 SOUTHERN VIEW DRIVE NARRAGANSETT, RI 02882 USA
MANAGER	ED DWYER	15 SOUTHERN VIEW DRIVE

		NARRAGANSETT, RI 02882 USA
MANAGER	ROBERT YOPPOLO	17 SOUTHERN VIEW DRIVE NARRAGANSETT, RI 02882 USA
MANAGER	BETH DIPANNI	3 SOUTHERN VIEW DR NARRAGANSETT, RI 02882 USA
MANAGER	MATT HASSETT	8 SCHOONER COVE LN NARRAGANSETT, RI 02882 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ROBERT YOPPOLO 17 SOUTHERN VIEW DRIVE NARRAGANSETT , RI 02882

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of September, 2016 at 9:29:37 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH GRIFFITH
Signature of Authorized Person

Form No. 632
Revised 09/07

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