



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 74849		2. Exact name of the Corporation The Richmond Oak Ridge Condominium	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Association	
4. NAICS Code 813910			
6. Principal Office Address The Richmond Oak Ridge Association Office Mail CBU #12 500 Kingstown Rd - West Kingston, RI		State RI	Zip 02892
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Cynthia Ayotte		Vice-President Name Lisa Taylor	
Street Address 500 Kingstown Rd Unit 2A		Street Address 500 Kingstown Rd Unit 7A	
City West Kingston	State RI	City West Kingston	State RI
Zip 02892		Zip 02892	
Secretary Name Beth Zangari		Treasurer Name Marge Smith	
Street Address 500 Kingstown Rd Unit 4B		Street Address 500 Kingstown Rd Unit 2B	
City West Kingston	State RI	City West Kingston	State RI
Zip 02892		Zip 02892	
8. 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 Nancy Gardiner		Director Name Kathy Halavik	
Street Address 500 Kingstown Rd Unit 1B		Street Address 500 Kingstown Rd Unit 10B	
City West Kingston	State RI	City West Kingston	State RI
Zip 02892		Zip 02892	
Director Name Russell Cregan		Director Name /	
Street Address 500 Kingstown Rd Unit 6B		Street Address /	
City West Kingston	State RI	City /	State /
Zip 02892		Zip /	
9. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Cynthia Ayotte president			Date 5/24/18
Signature of Officer/Authorized Representative Cynthia Ayotte			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

FILED**MAY 29 2018**BY 170a

FORM 631 - Revised: 11/2017