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

Annual Report for the year: 2018
Non-Profit Corporation

→ 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	City	State	Zip
The Richmond Oak Ridge Associat Office Mail CBU #12 500 Kingstown Rd	West Kingston	RI	02892

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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	Zip: 02892	City: West Kingston	State: RI	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	Zip: 02892	City: West Kingston	State: RI	Zip: 02892

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

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	Zip: 02892	City: West Kingston	State: RI	Zip: 02892
Director Name: Russell Cregan			Director Name:		
Street Address: 500 Kingstown Rd Unit 6B			Street Address:		
City: West Kingston	State: RI	Zip: 02892	City:	State:	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.

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
Cynthia Ayotte president	5/24/18

Signature of Officer/Authorized Representative: Cynthia Ayotte

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAY 29 2018
BY 1702

FORM 631 - Revised: 11/2017