



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 000060595		2. Exact name of the Corporation The Ocean Ridge Condominium Association, Inc.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To manage the property of the homeowners of the condo units; all of which (directors) are homeowners themselves			
4. NAICS Code 813990					
6. Principal Office Address 272 B Shore Road		City Westerly		State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Bisbee		Vice-President Name N/A			
Street Address 274 B Shore Road		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Alison Rose		Treasurer Name Karen Hejduk-Clark			
Street Address 272 D Shore Road		Street Address 272 B Shore Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Robert Bisbee		Director Name Karen Hejduk-Clark			
Street Address 274 B Shore Road		Street Address 272 B Shore Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Allison Rose		Director Name			
Street Address 272 D Shore Road		Street Address			
City Westerly	State RI	Zip 02891	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 Karen Hejduk-Clark					Date 6-8-2018
Signature of Officer/Authorized Representative <i>Karen Hejduk-Clark</i>					SIGN DOCUMENT HERE

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

JUN 11 2018

BY 1728

FORM 631 - Revised: 11/2017