



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

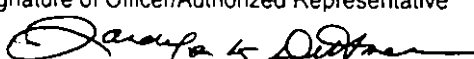
Annual Report for the year: **2018**

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 000092072		2. Exact name of the Corporation The Regina M. O'Hara Charitable Foundation, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Administration of Charitable Foundation for supporting charitable organizations			
4. NAICS Code 813211 - Grantmaking Foundat					
6. Principal Office Address 501 Centerville Rd, Suite 103		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Patrice O'Hara			Vice-President Name		
Street Address P.O. Box 1835			Street Address		
City Windham	State ME	Zip 04062	City	State	Zip
Secretary Name Randolph K Dittmar, CPA			Treasurer Name Randolph K Dittmar, CPA		
Street Address 501 Centerville Rd, Suite 103			Street Address 501 Centerville Rd, Suite 103		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Patrice O'Hara			Director Name Randolph K Dittmar, CPA		
Street Address P.O. Box 1835			Street Address 501 Centerville Rd, Suite 103		
City Windham	State ME	Zip 04062	City Warwick	State RI	Zip 02886
Director Name Marguerite Dow			Director Name Anna-Maria Tripp		
Street Address P O Box 729			Street Address P.O. Box 1835		
City Bar Mills	State ME	Zip 04004	City Windham	State ME	Zip 04062
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 Randolph K. Dittmar, CPA					Date 06/07/18
Signature of Officer/Authorized Representative  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 15 2018
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