

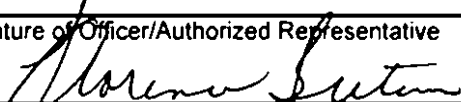


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 56407		2. Exact name of the Corporation ORCHARD GATE CONDOMINIUM ASSOCIATION, INC.					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowners' Association; Management of Condominium Association Affairs					
4. NAICS Code 624229 - Other Community Ho.							
6. Principal Office Address 125 Smith Avenue Unit 7C				City Greenville,		State RI	Zip 02828
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Carol A. Christian			Vice-President Name Janice O'Neill				
Street Address 125 Smith Avenue Unit 3D			Street Address 125 Smith Avenue Unit 6D				
City Greenville,		State RI	Zip 02828	City Greenville,		State RI	Zip 02828
Secretary Name none			Treasurer Name Florence Butera				
Street Address			Street Address 125 Smith Avenue Unit 7C				
City		State	Zip	City Greenville,		State RI	Zip 02828
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 Francine Montella			Director Name Lucy Heelon				
Street Address 125 Smith Avenue Unit 1A			Street Address 5 Hilltop Drive				
City Greenville,		State RI	Zip 02828	City North Scituate,		State RI	Zip 02859
Director Name Geraldine Moretti			Director Name David Powers				
Street Address 125 Smith Avenue Unit 9F			Street Address 125 Smith Avenue Unit 1B				
City Greenville		State RI	Zip 02828	City Greenville,		State RI	Zip 02828
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.							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>							
Name of Officer/Authorized Representative Florence Butera					Date 6/29/2018		
Signature of Officer/Authorized Representative 					SIGN DOCUMENT FILED 6/29/18		

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

JUL 02 2018
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