STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **000422479**	2. Exact name of the Corporation OAC, Incorporated				
3. State of Incorporation Rhode Island	4. Brief description of the character of business conducted in Rhode Island TO PROMOTE GLOBAL CITIZENSHIP, ENVIRONMENTAL STEWARDSHIP, AND PERSONAL GROWTH THROUGH EDUCATION AND OUTDOOR ADVENTURE.. (813110)				
5. Principal office address 32 Hope Road			City Cranston	State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name James D Robinson			Vice-President Name Jacquelyn A Antonelli		
Street Address 32 Hope Road			Street Address 108 Camellia Drive		
City Cranston	State RI	Zip 02921	City Kingsland	State GA	Zip 31548
Secretary Name Richard A Degrandpre			Treasurer Name Henry Priest		
Street Address 30 Zinnia Drive			Street Address 88 Mount View Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑					
Director Name James D Robinson			Director Name Jacquelyn A Antonelli		
Street Address 32 Hope Road			Street Address 108 Camellia Drive		
City Cranston	State RI	Zip 02921	City Kingsland	State GA	Zip 31548
Director Name Richard A Degrandpre			Director Name Henry Priest		
Street Address 30 Zinnia Drive			Street Address 88 Mount View Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date ____________
Check No ____________
By: ____________
FOR SECRETARY OF STATE USE ONLY

FILED
APR 17 2019
BY KL PF134
11:16

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.

[signature] 04/15/2019
Signature of Officer or Authorized Representative Date

James D Robinson
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

ADDENDUM TO NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019
ADDITIONAL DIRECTORS

Director Name: BARBARA A MURPHY
Street Address: 55 KUEHN RD
City: ASHAWAY
State: RI
Zip: 02804