



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000030733

2. Name of Corporation Ocean Community YMCA

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

713940

4. Corporate Address in Rhode Island

No. and Street: 95 HIGH STREET

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVISION OF HEALTH, RECREATION AND CHARACTER BUILDING ACTIVITIES FOR YOUTH AND ADULTS - THIS IS NOT A GENERAL ASSEMBLY CHARTER.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	STEPHEN J WHITE	16 WINDOVER TURN WESTERLY, RI 02891 USA
SECRETARY	MARC GINSBERG	108 MONTAUK AVENUE STONINGTON, CT 06378 USA
CVO	CHARLEY KELLOGG	12 LEEWARD DR WESTERLY, RI 02891 USA
VICE CHAIR	MARK REYNOLDS	18 BRACKEN HILL RD CAROLINA, RI 02812 USA
DIRECTOR	SERGIO CHERENZIA	9 EAST FAIRWAY AVE WESTERLY, RI 02891 USA
DIRECTOR	RICK GALIPEAU	15 ROUNDTABLE COURT RICHMOND, RI 02898 USA
DIRECTOR	JEFF LIGUORI	33 OVERLOOK LANE LONGMEADOW, MA 01106 USA
DIRECTOR	FRAN MILESKI	5 FARGO DR LEDYARD, CT 06340 USA
DIRECTOR	JOHNPOL MORALES	202 MONTAUK AVE STONINGTON, CT 06378 USA
DIRECTOR	JILL SCOLA	189 WATCH HILL RD WESTERLY, RI 02891 USA
DIRECTOR	MARGARET AUSTIN	28 QUARRY ROAD MYSTIC, CT 06355 USA
DIRECTOR	ROBERT VALENTI	258 PALMER NECK ROAD PAWCATUCK, CT 06379 USA
DIRECTOR	JAN CHAMBERLAIN	513 PEQUOT TRAIL STONINGTON, CT 06378 USA
DIRECTOR	MAUREEN FITZGERALD	10 WINDWARD DRIVE WESTERLY, RI 02891 USA
DIRECTOR	JAMES KADAMUS	1 DENNIS COURT WESTERLY, RI 02891 USA
DIRECTOR	WILLIAM NARDONE	38 WICKLOW ROAD WESTERLY, RI 02891 USA
DIRECTOR	DAVID S CAMERON M.D.	2 SEQUAN ROAD WESTERLY, RI 02891 USA
DIRECTOR	JEFFREY SCHNEIDER	76 MONTAUK AVE STONINGTON, CT 06378 USA
DIRECTOR	JENNIFER SCHWINDT	5 ASHBY ST MYSTIC, CT 06355 USA
DIRECTOR	JAMES MAYNARD	42 KNOWLES AVE WESTERLY, RI 02891 USA
DIRECTOR	PATRICK LEMP	21 NO BOTTOM RIDGE WESTERLY, RI 02891 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MAUREEN N. FITZGERALD 95 HIGH STREET WESTERLY , RI 02891

9. This report must be signed by either the President, Vice President, Secretary, Assistant

Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2019 at 11:24:06 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN MCKEAG
Signature of Authorized Person

Form No. 631
Revised 09/07

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