



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

Annual Report for the year: **2019**

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.

FILED

JUL 01 2019

2951

1. Entity ID Number 56407		2. Exact name of the Corporation ORCHARD GATE CONDOMINIUM ASSOCIATION		
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 I				
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 Janice O'Neill		Vice-President Name Francine Montella		
Street Address 125 Smith Avenue Unit 6D		Street Address 125 Smith Avenue Unit 01A		
City Greenville,	State RI	Zip 02828	City Greenville,	State RI
Secretary Name Francine Montella (acting secretary)		Treasurer Name Florence Butera		
Street Address 125 Smith Avenue Unit 01A		Street Address 125 Smith Avenue Unit 07C		
City Greenville,	State RI	Zip 02828	City Greenville,	State RI
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 Geraldine Moretti		Director Name David Powers		
Street Address 125 Smith Avenue Unit 9F		Street Address 125 Smith Avenue Unit 01B		
City Greenville,	State RI	Zip 02828	City Greenville,	State RI
Director Name Carol Christian		Director Name Elise Chapman		
Street Address 125 Smith Avenue Unit 06A		Street Address 125 Smith Avenue Unit 13E		
City Greenville,	State RI	Zip 02828	City Greenville,	State RI
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/Treasurer			Date 6/27/2019	
Signature of Officer/Authorized Representative <i>[Signature]</i> 6/27/19 SIGN DOCUMENT HERE.				