



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

FILED

DEC 12 2019

BY

OPSSB
[Signature]

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.

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 Foun					
6. Principal Office Address 501 Centerville Road Suite 103		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrice O'Hara		Vice-President Name			
Street Address 47 Albert Circle		Street Address			
City Buxton	State ME	Zip 04093	City	State	Zip
Secretary Name Randolph K. Dittmar, CPA		Treasurer Name Randolph K. Dittmar, CPA			
Street Address 501 Centerville Road Suite 103		Street Address 501 Centerville Road 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 <input type="checkbox"/>					
Director Name Patrice O'Hara		Director Name Randolph K. Dittmar, CPA			
Street Address 47 Albert Circle		Street Address 501 Centerville Road			
City Buxton	State ME	Zip 04093	City Warwick	State RI	Zip 02886
Director Name Marguerite Dow		Director Name Anna-Maria Tripp			
Street Address PO Box 729		Street Address 47 Albert Circle			
City Bar Mills	State ME	Zip 04004	City Buxton	State ME	Zip 04093
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 Randolph K. Dittmar, CPA				Date 11/12/2019	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov