



Department of State - Business Services Division

Annual Report for the year: **2021**
 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
JUN 14 2021
 BY... 1787 *02*

1. Entity ID Number 000060595		2. Exact name of the Corporation The Ocean Ridge Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To manage the property of the homeowners of the condo units; all of which (directors) are homeowners themselves			
4. NAICS Code 813990 <input type="checkbox"/>					
6. Principal Office Address 272 B Shore Road			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karyn Iannaccone			Vice-President Name N/A		
Street Address 272 A Shore Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Christine Owens			Treasurer Name Karen Hejduk-Clark		
Street Address 274 B Shore Road			Street Address 272 B Shore Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Karyn Iannaccone			Director Name Karen Hejduk-Clark		
Street Address 272 A Shore Road			Street Address 272 A Shore Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Christine Owens			Director Name		
Street Address 272 B Shore Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Karen Hejduk-Clark, Treasurer					Date 6-10-2021
Signature of Officer/Authorized Representative Karen Hejduk-Clark					

MAIL TO:
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 Website: www.sos.ri.gov