



State of Rhode Island
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.

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1. Entity ID Number 000038958		2. Exact name of the Corporation Old Orchards Condominiums Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Domestic Non-Profit Corporation Management and Maintenance of Condominiums Title 7-6			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 8 Howe Street, Unit 3		City Bristol	State Rhode Island	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane McPherson		Vice-President Name Suzanne McBride			
Street Address 8 Howe Street, Unit 8-2		Street Address 8 Howe Street, Unit 8-1			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Patricia A. Mitchell		Treasurer Name Esther F. Owen			
Street Address 10 Howe Street, Unit 10-3		Street Address 028098 Howe Street, Unit 8-3			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip
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 John W. Card		Director Name Harry Hoffman			
Street Address 10 Howe Street, Unit 10-2		Street Address 10 Howe Street, Unit 10-1			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name NA-Owner managed - only 6 Units total		Director Name NA-Owner managed - only 6 Units total			
Street Address		Street Address			
City	State	Zip	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Esther F. Owen				Date June 14, 2021	
Signature of Officer/Authorized Representative <i>Esther F. Owen</i>					

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