



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2023

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN 31 11:04

- Filing period: February 1 - May 1
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 154240		2. Exact name of the Corporation OAKLAND BEACH REAL ESTATE OWNERS ASSOCIATION			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island USING CITY, STATE, FEDERAL AND OTHER FUNDING SOURCES TO IMPROVE THE QUALITY OF LIFE OF OUR COMMUNITY AND TO FOSTER NEIGHBORHOOD IMPROVEMENTS			
4. NAICS Code 813319					
6. Principal Office Address 193 SUBURBAN PKWY			City WARWICK	State R.I.	Zip 02889
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DEB SHATLEY		Vice-President Name ANGELA STAMOULOS			
Street Address 278 SEA VIEW DRIVE		Street Address 292 SEA VIEW DRIVE			
City WARWICK	State RI	Zip 02889	City WARWICK	State R.I.	Zip 02889
Secretary Name ANNE DIFFILY		Treasurer Name GERARD MCLAUGHLIN			
Street Address 18 CROCKETT ST		Street Address 193 SUBURBAN PKWY			
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
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 DONNA TRAVIS		Director Name MAUREEN MCLAUGHLIN			
Street Address 733 OAKLAND BEACH AVE		Street Address 193 SUBURBAN PKWY			
City WARWICK	State R.I.	Zip 02889	City WARWICK	State R.I.	Zip 02889
Director Name Michelle King-GREEN		Director Name _____			
Street Address 255 CANFIELD AVE		Street Address _____			
City WARWICK	State R.I.	Zip 02889	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 GERARD MCLAUGHLIN - TREASURER				Date 1/31/23	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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