



Department of State - Business Services Division

Annual Report for the year: 2021
 Non-Profit Corporation

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

- 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>Gerard McLaughlin</i>					

FILED

JAN 31 2023
 BY ML ZGM&R
 11:05