



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023**:** 2023

**1. Corporate ID No.** 000028066

**2. Name of Corporation** Ocean Community Chamber of Commerce

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813910

**4. Principal Office Address**

No. and Street: ONE CHAMBER WAY

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO FOSTER COOPERATION BETWEEN BUSINESS, GOVERNMENT AND  
COMMUNITY AT LARGE TO PROMOTE POSITIVE ENVIRONMENT THAT  
CONTRIBUTES TO ECONOMIC VITALITY OF REGION

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	MICHAEL F BENEVIDES CPA	85 BEACH ST, BLDG B, 2ND FL WESTERLY, RI 02891 USA
DIRECTOR	MICHELLE PLANTE	4995 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
CHAIRMAN	JOHN LAYTON	100 MAIN ST WESTERLY, RI 02891 USA
2ND VICE CHAIRMAN	FRANK RITACCO	4-B SPUCHY DR WESTERLY, RI 02891 USA
SECRETARY	BETH DAMATO	131 FRANKLIN ST WESTERLY, RI 02891 USA
1ST VICE CHAIRMAN	JOANNA VALENTINI	9 GRANITE ST WESTERLY, RI 02891 USA
PAST CHAIRMAN	MARIA PUCCI	26 HIGH ST WESTERLY, RI 02891 USA
DIRECTOR	JENNIFER BRINTON	63 CANAL ST WESTERLY, RI 02891 USA
DIRECTOR	KELSEY BYRNE	69 HIGH ST WESTERLY, RI 02891 USA
DIRECTOR	NICK FERRARO	59 W BROAD ST PAWCATUCK, CT 06379 USA
DIRECTOR	DALE SOWLE	77 STILLMANAVE PAWCATUCK, CT 06379 USA
DIRECTOR	BRUCE MORROW	4 LANGWORTHY RD WESTERLY, RI 02891 USA
DIRECTOR	CARRIE KENYON	25 WELLS ST WESTERLY, RI 02891 USA
DIRECTOR	SHANNON HAESELER	9 GRANITE ST WESTERLY, RI 02891 USA
DIRECTOR	BETH FRENETTE	126 FRANKLIN ST WESTERLY, RI 02891 USA
DIRECTOR	BETH MARKOWSKI-ROOP	12 GAVITT AVE WESTERLY, RI 02891 USA
DIRECTOR	PAUL DONAHUE	85 FRANKLIN ST WESTERLY, RI 02891 USA
DIRECTOR	MELANIE GOGGIN	37 WEST BROAD ST PAWCATUCK, CT 06379 USA
DIRECTOR	DAN LATHROP	85 A BEACH ST WESTERLY, RI 02891 USA
DIRECTOR	MATTHEW CUNNINGHAM	85 BEACH ST WESTERLY, RI 02891 USA
DIRECTOR	JAN CHAMBERLAIN	85 BEACH ST BLDG D WESTERLY, RI 02891 USA
DIRECTOR	WENDY CARR	2 CANAL ST WESTERLY, RI 02891 USA
DIRECTOR	SUZIE FLORES	179 MECHANIC ST PAWCATUCK, CT 06379 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHAEL F. BENEVIDES ONE CHAMBER WAY WESTERLY , RI 02891

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 24 Day of April, 2023 at 5:48:20 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL F BENEVIDES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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