

FILED

AUG 16 2023

BY

1274

OK



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

- 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 <b>000087289</b>	2. Exact name of the Corporation <b>Orchard Meadows Condominium Association, Inc</b>
---	---

3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Condominium Association</b>
4. NAICS Code <b>813910</b>	

6. Principal Office Address <b>7 Wells Avenue Suite 11</b>	City <b>Newton</b>	State <b>MA</b>	Zip <b>02459</b>
---	-----------------------	--------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Lorraine OROURKE</b>	Vice-President Name <b>FRANK JOSEPH</b>
---	--

Street Address <b>112 ORCHARD MEADOWS DR.</b>	Street Address <b>89 Orchard meadows dr</b>
--	--

City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
---------------------------	--------------------	---------------------	---------------------------	--------------------	---------------------

Secretary Name <b>Joyce LOMBARDY</b>	Treasurer Name <b>Kevin Donahue</b>
---	--

Street Address <b>97 Orchard meadows dr</b>	Street Address <b>34 Orchard meadows dr</b>
--	--

City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
---------------------------	--------------------	---------------------	---------------------------	--------------------	---------------------

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name <b>Armand Besette</b>	Director Name <b>Daniel Brown</b>
--	--------------------------------------

Street Address <b>83 Orchard Meadows dr</b>	Street Address <b>52 Orchard Meadows dr</b>
--	--

City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
---------------------------	--------------------	---------------------	---------------------------	--------------------	---------------------

Director Name <b>Michael Vescera</b>	Director Name
---	---------------

Street Address <b>84 Orchard Meadows dr</b>	Street Address
--	----------------

City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	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.**

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

Name of Officer/Authorized Representative <b>Barban Management Company, Inc</b>	Date <b>8/14/2023</b>
--	--------------------------

Signature of Officer/Authorized Representative 
--

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