State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

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BUS SVCS DIV.
2024 JAN 25 A 8:57

1. Entity ID Number	2. Exact name of the Corporation
000056407	Orchard Gate Condominium Association Inc
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Homeowners Association Management of Condominium Affairs
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
125 Smith Ave 8A	Greenville	RI	02828

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

President Name: BobGiberti			Vice-President Name: Ann Marie Donahue		
Street Address: 125 Smith Ave 12D			Street Address: 125 Smith Ave 13A		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Secretary Name: Lisa Rubiano			Treasurer Name: Jackie White		
Street Address: 125 Smith Ave 12A			Street Address: 125 Smith Ave 6E		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

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

Director Name: Francine Montella			Director Name: Carol Christian		
Street Address: 125 Smith Ave 1A			Street Address: 125 Smith Ave 6A		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Director Name: BobGiberti			Director Name:		
Street Address: 125 Smith Ave 12D			Street Address:		
City: Greenville	State: RI	Zip: 02828	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	Date
Jackie White/Treasurer	**1/22/2024**

Signature of Officer/Authorized Representative: Jackie White

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

9:00 FILED
JAN 25 2024
BY ML XB8WT

FORM 631- Revised: 12/2023