State of Rhode Island
Office of the Secretary of State

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

Fee: $20.00

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 YEAR 2024: 2024

1. Corporate ID No. 001662710

2. Name of Corporation Oak Reservoir Association

3. State of Incorporation

State: RI

NAICS CODE

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
813312

4. Principal Office Address

No. and Street: 67 SHORE DR
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

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

ITS PURPOSE IS FOSTERING AND ENCOURAGING THE NATURAL BEAUTY OF OAK SWAMP RESERVOIR, ITS STABILITY AS AN ECOLOGICAL SYSTEM, AND ITS USE AS A RECREATIONAL FACILITY FOR THE ENJOYMENT AND WELFARE OF THE OAK SWAMP RESERVOIR COMMUNITY, AND THE EDUCATION OF THE COMMUNITY IN PRINCIPLES OF CONSERVATION AND SPORTSMANSHIP, INCLUDING; IMPROVING RESERVOIR CONDITIONS IN COOPERATION WITH STATE AND LOCAL AGENCIES; PROMOTING CIVIC IMPROVEMENT AND TO DO ALL THINGS NECESSARY AND INCIDENTAL TO THE ABOVE. SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY

FOR CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ALAN BARNES	67 SHORE DR JOHNSTON, RI 02919 USA
TREASURER	MATTHEW LYNCH	2448 HARTFORD AVENUE JOHNSTON, RI 02919 USA
SECRETARY	THOMAS BASTIANELLI	2400 HARTFORD AVE JOHNSTON, RI 02919 USA
VICE PRESIDENT	DAVID PRINCIPRE	16 EAST SCENIC VIEW DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	ALAN M BARNES	67 SHORE DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	DAVID M PRINCIPE	16 EAST SCENIC VIEW DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	MATTHEW LYNCH	2448 HARTFORD AVENUE JOHNSTON, RI 02919 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

ALAN M. BARNES 67 SHORE DRIVE JOHNSTON , RI 02919

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

Signed this 20 Day of February, 2024 at 12:20:57 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 ALAN BARNES
Signature of Authorized Person