



**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 YEAR 2024: 2024

1. Corporate ID No. 000028066

2. Name of Corporation Ocean Community Chamber of Commerce

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

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.

Title	Individual Name First, Middle, Last, Suffix	Address 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
DIRECTOR	JENNIFER BRINTON	63 CANAL 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	BETH FRENETTE	126 FRANKLIN ST WESTERLY, RI 02891 USA
CHAIRMAN	JOANNA VALENTINI	9 GRANITE ST WESTERLY, RI 02891 USA
1ST VICE CHAIRMAN	SUZIE FLORES	179 MECHANIC ST PAWCATUCK, CT 06379 USA
2ND VICE CHAIRMAN	DANIEL LATHROP	33 CRESTVIEW DR WESTERLY, RI 02891 USA
IMMEDIATE PAST CHAIRMAN	JOHN LAYTON	ONE CHAMER WAY WESTERLY, RI 02891 USA
SECRETARY	KELSEY BYRNE	69 HIGH ST WESTERLY, RI 02891 USA
DIRECTOR	BRENDA OWREN	91 FRANKLIN ST WESTERLY, RI 02891 USA
DIRECTOR	BRUCE TETLOW	14 CLARA DR STE 2A MYSTIC, CT 06355 USA
DIRECTOR	ANGELA THOMAN-MILLER	153-159 ATLANTIC AVE WESTERLY, RI 02891 USA
DIRECTOR	PAM PANCIERA	FOXWOODS 350 TROLLY LIN BLVD MASHANTUCKET, CT 06338 USA
DIRECTOR	MARIA PUCCI	42 HIGH ST WESTERLY, RI 02891 USA
DIRECTOR	MICHELLE PINTO	89 ATLANTIC AVE WESTERLY, RI 02891 USA
DIRECTOR	COLIN DONAHUE	179 MAIN ST WESTERLY, RI 02891 USA
DIRECTOR	ANDREW ROGERS	122 GRANITE ST WESTERLY, RI 02891 USA
DIRECTOR	RUEDI HAUSER	59 TOM HARVEY RD WESTERLY, RI 02891 USA
DIRECTOR	MICHAEL WADE	157 MAIN ST WESTERLY, RI 02891 USA

DIRECTOR

JAN CHAMBERLAIN

85 BEACH ST BLDG D
WESTERLY, RI 02891 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 3 Day of July, 2024 at 9:24:22 AM 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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