



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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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1. Entity ID Number 000074849		2. Exact name of the Corporation The Richmond Oak Ridge Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non Profit Condominium Association			
4. NAICS Code 813910					
6. Principal Office Address 500 Kingstown RD Office Mail CBU #12			City West Kingston	State RI	Zip 02892
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cindy Adams			Vice-President Name Nikki L.M Medeiros		
Street Address 500 Kingstown Rd 9B			Street Address 500 Kingstown Rd 1A		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 03892
Secretary Name Norine Salisbury			Treasurer Name Marge Smith		
Street Address 500 Kingstown Rd 10B			Street Address 500 Kingstown Rd 2B		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cindy Adams			Director Name Nikki L.M Medeiros		
Street Address 500 Kingstown Rd 9B			Street Address 500 Kingstown Rd 1A		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name Donna Mills			Director Name		
Street Address 500 Kingstown Rd 1A			Street Address		
City West Kingston	State RI	Zip 02892	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 Nikki L.M Medeiros				Date 1/17/25	
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

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