RI SOS Filing Number: 202563342850 Date: 1/27/2025 3:27:00 PM



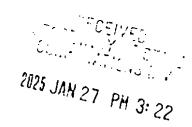
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2025
Non-Profit Corporation	

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→ Filing Fee. \$20.00
→ Penalty: Additional \$25.00 fee if fo



Penalty: Additional \$25,00 fee if			· · · · · · · · · · · · · · · · · · ·					
1. Entity ID Number	2. Exact name of the Corporation							
000074849	The Richmond Oak Ridge Association							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Non Profit Condominium Association							
4. NAICS Code	1							
813910								
6. Principal Office Address	<u></u>		City	Ctoto				
500 Kingstown RD Office	Mail CBU #1	2	West Kingston	State	Zip 02892			
				<u></u>	<u> </u>			
7. List ALL officers (names and add President Name Cindy Adams	iresses)		· y · · · · · · · · · · · · · · · · · ·	e box to indicate an	attachment			
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 Salisbu	ıry		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 ad	dresses). RI Corp	orations MUST li		ne box to indicate an	attachment			
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 informatio	n of record with th	e RI Department	of State is accurate. Changes requir	e filing Form 641.	<u> </u>			
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained her	I have examined rein are true and	this report, including any accom	panying schedul	les and			
This report must be signed by either the Pres	ident, Vice-President, S	Secretary, Assistant Se	cretery, Treasurer, duly Authorized Represents	stive, Receiver or Trusti	0 0.			
Name of Officer/Authorized Representative Date								
Nikki L.M Medeiros				1/17/25				
Signature of Officer/Authorized Representative FILED								
7.40								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY JCAQI 3:07