	State of Rhode Office of the Secreta		Fee: \$20.00	
Division Of Business Services				
	148 W. River S			
1636	Providence RI 029 (401) 222-30			
	(401) 222-30	+0		
Non-Profit Corporation Annual Report				
Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.	· · · · ·			
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	025 : <u>2025</u>		
1. Corporate ID No. 00068	35942			
2. Name of Corporation Oceanwoods at Wickford				
3. State of Incorporation				
State: <u>RI</u>				
NAICS CODE				
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the d the NAICS Code is kno	ropdown will	
NAICS Code				
000081				
4. Principal Office Address				
	<u>NWOODS DRIVE</u> <u>KINGSTOWN</u> Si	tate: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Condu	cted in Rhode Island		
CONDO ASSOCIATION				
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	Addre	ss	
1	First, Middle, Last, Suffix	Address, City or Town, Sta	te, Zip Code, Country	

PRESIDENT	KATHY LOMBARDI	23 OCEANWOODS DRIVE NORTH KINGSTOWN, RI 02852 USA
SECRETARY	KATHY LOMBARDI	23 OCEANWOODS DR. NORTH KINGSTOWN, RI 02852 USA
TREASURER	MICHAEL CARTER	85 OCEANWOODS DR. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MICHAEL CARTER	85 OCEANWOODS DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	KATHY LOMBARDI	23 OCEANWOODS DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	DAVID COVITZ	91 OCEANWOODS DRIVE NORTH KINGSTOWN, RI 02852 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 CARTER 85 OCEANWOODS DRIVE NORTH KINGSTOWN , RI 02852

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

Signed this 12 Day of February, 2025 at 4:27:06 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 MICHAEL CARTER

Signature of Authorized Person

Form No. 631 Revised 09/07

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