



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

FEB 11 2022

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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000038958		2. Exact name of the Corporation Old Orchards Condominiums Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Domestic Non-Profit Corporation Management And Maintenance of Condominiums Title 7-6			
4. NAICS Code 813910 - Business Associates					
6. Principal Office Address 8 Howe St. Unit 3		City Bristol	State R.I.	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane McPherson		Vice-President Name None			
Street Address 8 Howe St. Unit 3		Street Address None			
City Bristol	State RI	Zip 02809	City None	State None	Zip None
Secretary Name Patricia Mitchell		Treasurer Name Esther F. Owen			
Street Address 10 Howe St. Unit 3		Street Address 8 Howe St. Unit 3			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 John W. Card		Director Name Suzanne McBride			
Street Address 10 Howe St. Unit 2		Street Address 8 Howe St Unit 1			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Harry Hoffmann		Director Name NA - Owner Managed			
Street Address 10 Howe St. Unit 1		Street Address only 6 Units total			
City Bristol	State RI	Zip 02809	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Patricia Mitchell					Date 2/7/2022
Signature of Officer/Authorized Representative <i>Patricia Mitchell</i>					

MAIL TO:
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