



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

FILED
 APR 03 2023
 BY 1008

1. Entity ID Number 000038958		2. Exact name of the Corporation Old Orchards Condominium 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					
6. Principal Office Address 1341 West Main Road Ste 11			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Suzanne McBride			Vice-President Name		
Street Address 8 Howe Street Unit 1			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Patricia Mitchell			Treasurer Name Esther F. Owen		
Street Address 10 Howe Street Unit 3			Street Address 8 Howe Street 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 Jane McPherson		
Street Address 10 Howe Street Unit 2			Street Address 8 Howe Street Unit 2		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Harry Hoffmann			Director Name		
Street Address 10 Howe Street Unit 1			Street Address		
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 Ana Lake (Agent of Old Orchards Condominium Association)				Date 3/30/2023	
Signature of Officer/Authorized Representative <i>Ana Lake</i> (Agent of Old Orchards Condominiums)					

MAIL TO:
 Division of Business Services
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