



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2024  
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.

APR 29 2024  
BY 1038  
[Signature]

1. Entity ID Number <b>000038958</b>	2. Exact name of the Corporation <b>Old Orchard Condominium Association</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <b>Domestic non-profit corporation management and maintenance of condominium Title 7-6</b>
4. NAICS Code <b>813910</b>	

6. Principal Office Address <b>1341 West Main Road Suite 11</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Suzanne McBride</b>			Vice-President Name		
Street Address <b>8 Howe Street Unit 1</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name			Treasurer Name <b>William Mitchell</b>		
Street Address			Street Address <b>10 Howe Street Unit 3</b>		
City	State	Zip	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <b>Patricia Mitchell</b>			Director Name <b>Esther Owen</b>		
Street Address <b>10 Howe Street Unit 3</b>			Street Address <b>8 Howe Street Unit 3</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>John Card</b>			Director Name		
Street Address <b>10 Howe Street Unit 2</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	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 <b>Ana Lake (agent of Old Orchard Condominium Association)</b>	Date <b>4/15/2024</b>
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Signature of Officer/Authorized Representative  
[Signature]

**MAIL TO:**  
Division of Business Services  
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Website: www.sos.ri.gov