

1. Corporate ID No. 485523

2. Name of Corporation

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Zip

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Oakwood Gardens Condominium Association, Inc.

Filing Period: June 1 - June 30 • Filing Fee: \$20.00" • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

File Due	3. State of Incorporation	4. Corporate address in Ri	oode Island - Street Address	***	City	Zip
Learning corporations shade protes got all shades are shaded to the character of the allocate shaded to the character of the allocate shaded to the character of the allocate shaded to the control of the character of the allocate shaded to the al	RI	569 Smithfield Ro	ad, Association Office	ce	North Providence	02904
This report must be signed by the office of the Office of the Secretary of Stare. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  This report must be signed by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  File Date  Out of Start Secretary of Start States.  File Date  Out of Start Secretary of Start Start Secretary of Stare. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  This report must be signed by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  File Date  Out of Start Secretary of Start Star	5. Foreign corporation. Enter principal office address			City	State	Zip
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Size President Name  George Cavyo S  Story Address  Size President Name  Size President Name  George Cavyo S  Story Address  Size President Name  Size President Siz	6. Brief Description of the character	of the affairs which are act	ually conducted in Rhode Isla	und		
Size President Name  George Cavyo S  Story Address  Size President Name  Size President Name  George Cavyo S  Story Address  Size President Name  Size President Siz		. Acs	and a top			
Size President Name  George Cavyo S  Story Address  Size President Name  Size President Name  George Cavyo S  Story Address  Size President Name  Size President Siz	7 NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACH	MENT)   FILL IN SPACES B	EFORE USING ATTACH	MENTS
Sincer Address  569 Smithfield Rd # 18  Sincer Address  Street Statement State  BYAD AN PROVIDENCE  BYAD AND  Street Statement State  BYAD SMITHFIELD RD # 51  Street Statement State  Street Statement St	President Name		•	l .		
The providence Ri 02904  Since Address  568 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  569 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  569 Smithfield Road, Unit 35  Core Since Address  567 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  568 Smithfield Road, Unit 35  Core Since Address  569 Smithfield Road, Unit 35  Core Since Address  560 Sm		avvos				
South Privalence  RI  02904  North Providence  RI  02904  Nort	Street Address	1. 11.77	118	Street Address		
Treasurer Symme  BYAD RN  Treasurer Symme  BYAD RN  Treasurer Symme  BYAD RN  Treasurer Symme  BYAD RN  Treasurer Symme  BYAD Smithfield Rd # 51  The DIPLOCAL RD # 35  The North Providence RI  The Number of Directors of A Domestic (RHODE ISLAND) CORPORATION SIALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-2  Director Address  The North Providence RI  The Director Address  The Director Address  The Director Address  The Director Address  The Address  The Director Address  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-18  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  The Director Type Name of Officer  The Director Type Name o	70					
Supplementary   Smithfield   Rd   # 35   Smoothfield   Rd   # 51	North Providence	State Z1	02904	City	State	
State   Stat				Treasurer Name John F. Evidesen		
State   P   P   P   P   P   P   P   P   P	On the Address of the	eld Rd #	35	Street Address Smithfield Rd # 51		
No. 1 M. Front Auto   P.   Description   P.   Desc		<del></del>	1 · · · · · · · · · · · · · · · · · · ·	SIN	State	Zip
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-2. Director Name  Borde Cavros  Street Address  569 Smithfield Road, Unit 18  City  North Providence  RI  Director Name  Brad Pari  Street Address  569 Smithfield Road, Unit 51  City  North Providence  RI  Director Name  Brad Pari  Street Address  567 Smithfield Road, Unit 35  City  North Providence  RI  Director Name  Brad Pari  Street Address  567 Smithfield Road, Unit 35  City  State  City  State  Application is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  File Date  Check No.  AIO SNOIL VEIO-ARDS  Fine to Type Name of Officer  Treasurer of Condo. Assoc.  Print or Type Name of Officer  Treasurer of Condo. Assoc.  The Officer of Trustee Street Assoc.  The Officer of Trustee Street Assoc.  Fine to Type Name of Officer  Treasurer of Condo. Assoc.  The Officer of Trustee Street Assoc.	North Providence	IRI	02909	I NORM Krovitena	1 K1	102404
Director Name	8. NAMES AND ADDRESSE	S OF THE DIRECTOR	RS: ("X" BOX FOR ATTA			
Director Name	THE NUMBER OF DIRECT	ORS OF A DOMESTI	C (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Street Address  569 Smithfield Road, Unit 18  569 Smithfield Road, Unit 51  Street Address  569 Smithfield Road, Unit 51  Street Address  569 Smithfield Road, Unit 51  Street Address  For Street Address  569 Smithfield Road, Unit 51  Street Address  State  RI  02904  Ztp  O2904  State  Ztp  O2904  State  State  State  State  Street Address  State  State  State  State  State  State  State  Street Address  State  S				Director Name		
State   Stat	George Cavros					
Sinter North Providence RI 02904 North Providence RI 02904  North Providence RI 02904 North Providence RI 02904  Street Address  567 Smithfield Road, Unit 35  Gity State Vige Ril 02904  North Providence RI 02904  North Providence RI 02904  Print or Type Name State Wise ONIT (138) A 13 13 13 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16				· ·		
North Providence    North Providence   R    02904   North Providence   R    02904			7:			Zip
Director Name  Brad Pari  Street Address  State  Zap  North Providence  RI  North Providence  RI  North Providence  State  RI  North Providence  RI  North Providence  RI  North Providence  State  Zap  North Providence  RI  North Providence  North RI  North Providence  RI  North Providence  North RI  North Providence  North RI  North Providence  North RI  North Providence  North RI  Nor	*			i ´	RI	02904
Brad Pari  Street Address  567 Smithfield Road, Unit 35  City  North Providence  RI  02904  9. REGISTERED AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  Under penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statements, and that statements contained herein are true and correct.  File Date  O0:E Hd  67 NOT 6007  NIO SNOIL V80 d800  By:  AliO SNOIL V80 d800  By:  Treasure of Officer  Truste Officer  Trust of Officer  Trust of Officer  Trust of Officer  Trust of Officer		<u> </u>	02304		<u> </u>	
Street Address  567 Smithfield Road, Unit 35  City North Providence North Providence 9. REGISTERED AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  JUN 2 9 2009  By 043300  Under penalty of perjury, I declare and affirm that I have examined treport, including any accompanying schedules and statements, and that statements contained begin are true and correct.  Signature of Officer  AIO SNOIL V80 d800  By:  AIO SNOIL V80 d800  By:  Treasure  File Date  For secretary of State v85 only (13 A 13 2 3 8)  Treasure  File Officer  Title of Officer  Title of Officer  Title of Officer						
State   Zip   O2904   State   Zip   O2904   State   Zip   O2904   O290				Street Address		
State   Stat	1	nit 35				T
7. REGISTERED AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  JUN 2 9 2009  By 2009  Under penalty of perjury, I declare and affirm that I have examined treport, including any accompanying schedules and statements, and that statements contained herein are true and correct.  Signature of Officer  John Lriks  Print or Type Name of Officer  Trustee  For Secretary OF STATE 485E ONLY 0 3 A 13 3 3 3 5 5 Title of Officer  Title of Officer  Title of Officer		State	1 -	City	State	Z1p
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  JUN 2 9 2009  By 2013 3300  Under penalty of perjury, I declare and affirm that I have examined treport, including any accompanying schedules and statements, and that statements contained herein are true and correct.  Signature of Officer  The Name of Officer  Trustee  For secretary of State use only (13 A 1 A 3 A 8 5 5)  Title of Officer  Title of Officer	North Providence		02904	•	l .	1
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  JUN 2 9 2009  By 093300  Under penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statements, and that statements contained herein are true and correct.  File Date  Check No.  AIO SNOI V800800  By:  AIO SNOI V800800  FOR SECRETARY OF STATE USE ONLY 0 A Language of Officer  Treasure of Officer  Treasure of Officer  Treasure of Color. Assoc.						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  JUN 2 9 2009  By 093300  Under penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statements, and that statements contained herein are true and correct.  File Date  Check No.  AIO SNOI V800800  By:  AIO SNOI V800800  FOR SECRETARY OF STATE USE ONLY 0 A Language of Officer  Treasure of Officer  Treasure of Officer  Treasure of Color. Assoc.	This information is currently	of record in the Offic	e of the Secretary of Sta	te. Changes require filing of Fo	rm 641 - R.I.G.L. 7-6-13/	7-6-78
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File Date    Check No.	Jl.	IN 2 9 2009				
Signature of Officer  Check No.  Alo SNO! V80 8003  Print or Type Name of Officer  FOR SECRETARY OF STATE USE ONLY (13 A 13 ) 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y	Qur	1143306		Under penalty of per	jury, I declare and affirm	that I have examined the
File Date  OD: E Hd 67 NOT 6007  Check No.  Alo SNOT V80 800  By:	<u>\</u>	0 1	<del></del> ]	report, including any	herein are true and correct	
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Check No	File Date	08-6-0	- CZ 4100 (003	Signature of Officer		Date
By:	a la	UU 35 Mc	1 DO WILL PAR	Signature of Officer	Frike -	
FOR SECRETARY OF STATE USE ONLY ( ] A   ]	Check No.	AIGOU	-	John	COfficur	<u></u>
FOR SECRETARY OF STATE USE ONLY ( ) A ( ) Title of Officer	By:	VIO SMI	JIIV8U88U3 3   VMITU900			
Fork Seckeraki of State 492 Order U 5/1 J 1 d - Title of Officer Form 631 Rev. 09		II. CIVIC 18.	A LOUTU C		3 (20 10 AK	SOC
	FOR SECRETARY OF	STATE ASE OWE U.S.	אברב <u>ווי</u>	Title of Officer		Form 631 Rev. 09/