

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000792347

2. Name of Corporation Twenty Two Miles Avenue Owners' Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 1445

City or Town: COVENTRY State: RI Zip: 02816 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CONDUCT ALL LEGAL ACTIVITIES TO OPERATE THE AFFAIRS OF TWENTY TWO MILES AVENUE OWNERS' ASSOCIATION, INC.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICIA LAWLOR	32 MILES AVENUE PROVIDENCE, RI 02906 USA
TREASURER	KEVIN CUNNINGHAM	28 MILES AVENUE PROVIDENCE, RI 02906 USA

SECRETARY	NIC LIN MR.	24 MILES AVENUE PROVIDENCE, RI 02906 USA
DIRECTORR	PATRICIA LAWLOR	32 MILES AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	KEVIN CUNNINGHAM MR	28 MILES AVE PROVIDENCE, RI 02906 USA
DIRECTOR	NIC LIN MR	24 MILES AVE PROVIDENCE, RI 02906 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

INTERLINK PROPERTY MANAGEMENT, INC. 9 HOLMES ROAD COVENTRY, RI 02816

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

Signed this 25 Day of May, 2016 at 7:17:31 AM 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 DEBRA S. COSTA

Signature of Authorized Person

Form No. 631 Revised 09/07

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