RI SOS Filing Number: 201867626460 Date: 5/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAY 29 2018
BY 313

Annual Report for the year: 2018
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number: 00019219	2. Exact name of the Corporation: Twin Oaks Condominium Association Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Condominium tenants associations
4. NAICS Code: 624229	

6. Principal Office Address	City	State	Zip
2000 Warwick Avenue	Warwick	RI	02889

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Andrea Carneiro	Vice-President Name:
Street Address: 161 West Shore Rd A-3	Street Address:
City: Warwick State: RI Zip: 02889	City: State: Zip:
Secretary Name: Cheryl Gehly	Treasurer Name: Cheryl Gehly
Street Address: 161 West Shore Rd B-11	Street Address: 161 West Shore Rd B-11
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889

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

Director Name: Andrea Carneiro	Director Name: Cheryl Gehly
Street Address: 161 West Shore Rd A-3	Street Address: 161 West Shore Rd B-11
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889
Director Name: Geoffrey Brown	Director Name: Samuel Newton
Street Address: 161 West Shore Rd B-5	Street Address: 161 West Shore Rd B-10
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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	Date
Managing Agent	5/22/18

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017