



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

FILED

JUN 10 2019

BY

413

[Signature]

Annual Report for the year:
Non-Profit Corporation

2019

- 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 000119219		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 housing	
4. NAICS Code 531110			
6. Principal Office Address 2000 Warwick Ave		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Andrea Carneiro		Vice-President Name Ann Marie Cavaliere	
Street Address 161 West Shore Rd Unit A-3		Street Address 161 West Shore Rd Unit C-3	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
Secretary Name Lori Hanna		Treasurer Name Cheryl Gehly	
Street Address 161 West Shore Rd Unit B-9		Street Address 161 West Shore Rd Unit B-11	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
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 Andrea Carneiro		Director Name Ann Marie Cavaliere	
Street Address 161 West Shore Rd Unit A-3		Street Address 161 West Shore Rd C-3	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
Director Name Lori Hanna		Director Name Cheryl Gehly	
Street Address 161 West Shore Rd Unit B-9		Street Address 161 West Shore Rd Unit B-11	
City Warwick	State RI	City Warwick	State RI
Zip 02889		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 [Signature] Managing Agent			Date 6/5/19
Signature of Officer/Authorized Representative			

SIGN DOCUMENT HERE.

FILED

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

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