RI SOS Filing Number: 201996730050 Date: 6/14/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

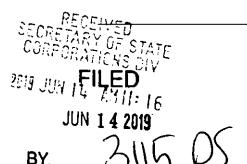
## **Department of State - Business Services Division**

Annual Report for the year: 2019
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.



				BY	
1. Entity ID Number 000792347	2. Exact name of the Corporation  Twenty Two Miles Avenue Owner's Association, Inc.				
State of Incorporation     RI	5. Brief description of the character of business conducted in Rhode Island  Management of Owners Association.				
4. NAICS Code 813990 - Other Similar Or ▼					
6. Principal Office Address			City	State	Zip
c/o CRS Management, LLC., 786 Oaklawn Ave.			Cranston	RI	02920
7. List ALL officers (names and ac	Idresses)			Check the box to indi	cate an attachment
President Name Patricia Lawlor			Vice-President Name		
Street Address 32 Miles Avenue			Street Address		
City Providence	State RI	<sup>Zip</sup> 02906	City	State	Zip /
Secretary Name Nic Lin			Treasurer Name Kevin Cunningham		
Street Address 24 Miles Avenue			Street Address 28 Miles Avenue		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and a	addresses). RI Con	porations MUST	list at least THREE directors.	Check the box to indic	cate an attachment
Director Name Patricia Lawlor			Director Name Kevin Cunningham		
Street Address 32 Miles Avenue			Street Address 28 Miles Avenue		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	City Providence	State RI	<sup>Zip</sup> 02906
Director Name Nic Lin			Director Name		
Street Address 24 Miles Avenue			Street Address		
City Providence	State RI	<sup>Zip</sup> 02906	City	State	Zip
9. Registered Agent in Rhode Isla	ind. This information	is currently of reco	rd in the Department of State. Ch	anges require filing Form 6	41.
Under penalty of perjury, I decl statements, and that all statem				accompanying sched	ules and
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative  Carlene DelNero				Date <b>06/12/19</b>	
Signature of Officer/Authorized Re		esicn 200	COMENT HERE		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov