



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUN 14 11:16
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 JUN 14 2019

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 3115 OS

1. Entity ID Number 000792347		2. Exact name of the Corporation Twenty Two Miles Avenue Owner's Association, Inc.			
3. 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 <input type="checkbox"/>					
6. Principal Office Address c/o CRS Management, LLC., 786 Oaklawn Ave.		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia Lawlor		Vice-President Name			
Street Address 32 Miles Avenue		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Nic Lin		Treasurer Name Kevin Cunningham			
Street Address 24 Miles Avenue		Street Address 28 Miles Avenue			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Patricia Lawlor		Director Name Kevin Cunningham			
Street Address 32 Miles Avenue		Street Address 28 Miles Avenue			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Nic Lin		Director Name			
Street Address 24 Miles Avenue		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Carlene DelNero				Date 06/12/19	
Signature of Officer/Authorized Representative <i>Carlene DelNero</i> 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