



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

Annual Report for the year:

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.

FILED

JUN 08 2020

BY

126 DS

1. Entity ID Number DDD682434		2. Exact name of the Corporation Gray Coach Home Owners Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO conduct and operate a home owners association.	
4. NAICS Code 813990			
6. Principal Office Address 8 Gray Coach West		City Cranston	State RI
		Zip 02921	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Arthur Taylor		Vice-President Name Kim Patriarca	
Street Address 8 Gray Coach West		Street Address 14 Gray Coach East	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
Secretary Name Kendra Saunders		Treasurer Name Gina Armstrong	
Street Address 3 Gray Coach East		Street Address 27 Gray Coach West	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Arthur Taylor		Director Name Kim Patriarca	
Street Address 8 Gray Coach West		Street Address 14 Gray Coach East	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
Director Name Kendra Saunders		Director Name Gina Armstrong	
Street Address 3 Gray Coach East		Street Address 27 Gray Coach West	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
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 Gina Armstrong			Date 6-1-2020
Signature of Officer/Authorized Representative Gina Armstrong			

MAIL TO:
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