



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

Annual Report for the year: **2020**
 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

JUL 08 2020

0001290

1. Entity ID Number 485523		2. Exact name of the Corporation Oakwood Gardens Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners Association			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 1865 Post Road Suite 202		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wai Yung			Vice-President Name John Card		
Street Address 569 Smithfield Rd Unit 3			Street Address 400 Scituate Ave #4		
City N. Providence	State RI	Zip 02904	City Cranston	State RI	Zip 02921
Secretary Name			Treasurer Name Dennis Salisbury		
Street Address			Street Address 1725 Phenix Ave		
City	State	Zip	City Cranston	State RI	Zip 02921
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 Wai Yung			Director Name John Card		
Street Address 569 Smithfield Rd Unit 3			Street Address 400 Scituate Ave #4		
City N. Providence	State RI	Zip 02904	City Cranston	State RI	Zip 02921
Director Name Dennis Salisbury			Director Name		
Street Address 1725 Phenix Ave			Street Address		
City Cranston	State RI	Zip 02921	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Wai Yung				Date 06/16/2020	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov