



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

JUN 28 2021

BY

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Annual Report for the year: 2021  
 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.

1. Entity ID Number 001101533		2. Exact name of the Corporation THE OAKS HOMEOWNERS' ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOMEOWNERS' ASSOCIATION			
4. NAICS Code 624229 - Other Community Hou					
6. Principal Office Address P.O. BOX 1075		City COVENTRY	State RI	Zip 02816	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name KEVIN SHORT			Vice-President Name MICHAEL VUOLO		
Street Address 62 TEAKWOOD DRIVE W			Street Address 85 TEAKWOOD DRIVE W		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name PETER DAVEY			Treasurer Name KIMBERLY PIERCE		
Street Address 51 WATERCRESS COURT			Street Address 122 TEAKWOOD DRIVE W		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name KEVIN SHORT			Director Name CHRISTOPHER STEIMER		
Street Address 62 TEAKWOOD DRIVE W			Street Address 58 TEAKWOOD DRIVE W		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name PETER DAVEY			Director Name KIMBERLY PIERCE		
Street Address 51 WATERCRESS COURT			Street Address 122 TEAKWOOD DRIVE W		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 KIMBERLY PIERCE, TREASURER				Date 6/18/2021	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

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

FO 1101533

7. List ALL officers (names and addresses)

Michael Zabatta - 116 Teakwood Drive W, Coventry, RI 02816

8. List ALL directors (names and addresses)

Michael Zabatta - 116 Teakwood Drive W, Coventry, RI 02816

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