



Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation _____

STAMP
 FEB 24 2022
 BY 1248 DS

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000076470		2. Exact name of the Corporation SHADY LEA WOODS HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF COMMUNITY OWNED RESIDENTIAL PROPERTY			
4. NAICS Code <u>833990</u>					
6. Principal Office Address 107 COUNTRY HILL LANE		City NORTH KINGSTOWN	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRISTOPHER JOYCE			Vice-President Name VALERIE GARDNER		
Street Address 140 VILLAGE HILL LANE			Street Address 159 VILLAGE HILL LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name KATHRYN JAWHARJIAN			Treasurer Name KAREN GIBLIN		
Street Address 94 COUNTRY HILL LANE			Street Address 107 COUNTRY HILL LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 CHRISTOPHER JOYCE			Director Name VALERIE GARDNER		
Street Address 140 VILLAGE HILL LANE			Street Address 159 VILLAGE HILL LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name KATHRYN JAWHARJIAN			Director Name KAREN GIBLIN		
Street Address 94 COUNTRY HILL LANE			Street Address 107 COUNTRY HILL LANE		
City NORTH KINGSTOW	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 KAREN M. GIBLIN				Date 2/22/2022	
Signature of Officer/Authorized Representative 					

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