



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

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

FILED

MAR 08 2023

BY ALS DS

1. Entity ID Number <u>000119219</u>		2. Exact name of the Corporation <u>Twin Oaks Condominium Association, Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>The management of the affairs of the Twin Oaks condo association.</u>	
4. NAICS Code <u>531110</u>			
6. Principal Office Address <u>2000 Warwick Ave</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02889</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Andrea Carneiro</u>		Vice-President Name <u>Cheeryl Gehly</u>	
Street Address <u>1161 West Shore Rd, A3</u>		Street Address <u>1161 West Shore Rd, B11</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02889</u>	
Secretary Name <u>Claire Messina</u>		Treasurer Name <u>Lori Hanna</u>	
Street Address <u>1161 West Shore Rd, B10</u>		Street Address <u>1161 West Shore B9</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02889</u>	
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 <u>Andre Carneiro</u>		Director Name <u>Cheeryl Gehly</u>	
Street Address <u>1161 West Shore Rd A3</u>		Street Address <u>1161 West Shore Rd B11</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02889</u>	
Director Name <u>Claire Messina</u>		Director Name <u>Lori Hanna</u>	
Street Address <u>1161 West Shore Rd B10</u>		Street Address <u>1161 West Shore Rd B9</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02889</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Katie Turner, Managing Agent</u>			Date <u>3/5/23</u>
Signature of Officer/Authorized Representative <u>Katie Turner</u>			

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