



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.

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1. Entity ID Number <u>1657091</u>		2. Exact name of the Corporation <u>ROBINS BROOK Condominium II Association</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>Collects Condos fees</u>	
4. NAICS Code <u>813910</u>			
6. Principal Office Address <u>LISI LANE</u>		City <u>PROV.</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MATTHEW R. KARNEAN</u>		Vice-President Name <u>—</u>	
Street Address <u>7 LISI LANE</u>		Street Address <u>—</u>	
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	
Secretary Name <u>NON</u>		Treasurer Name <u>NON</u>	
Street Address <u>—</u>		Street Address <u>—</u>	
City <u>—</u>	State <u>—</u>	Zip <u>—</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>MATTHEW R. KARNEAN</u>		Director Name <u>JOHN LEFFERS</u>	
Street Address <u>7 LISI LANE</u>		Street Address <u>5 LISI LANE</u>	
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	
Director Name <u>DOLORES F. KARNEAN</u>		Director Name <u>—</u>	
Street Address <u>7 LISI LANE</u>		Street Address <u>—</u>	
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</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.			
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 <u>MATTHEW R. KARNEAN</u>		Date <u>3-12-23</u>	
Signature of Officer/Authorized Representative <u>M3/Karnean</u>		FILED <u>1157</u> MAR 16 2023 BY <u>9V Jee</u>	

MAIL TO:

Division of Business Services

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