



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