



State of Rhode Island
Department of State - Business Services Division

FEB 07 2024 STAMP
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Annual Report for the year: 2024
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.

1. Entity ID Number 000682434	2. Exact name of the Corporation Gray Coach Home Owners Association Inc
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island TO conduct and operate a home owners association
4. NAICS Code 813990	

6. Principal Office Address 8 Gray Coach West	City Cranston	State RI	Zip 02921
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Arthur Taylor		Vice-President Name Kim Patriarca	
Street Address 8 Gray Coach West		Street Address 14 Gray Coach East	
City Cranston	State RI	City Cranston	State RI
Zip 02921	Zip 02921	Zip 02921	Zip 02921
Secretary Name Amy Lufkin		Treasurer Name Gina Armstrong	
Street Address 22 Gray Coach West		Street Address 27 Gray Coach West	
City Cranston	State RI	City Cranston	State RI
Zip 02921	Zip 02921	Zip 02921	Zip 02921

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 Arthur Taylor		Director Name Gina Armstrong	
Street Address 8 Gray Coach W		Street Address 27 Gray Coach W	
City Cranston	State RI	City Cranston	State RI
Zip 02921	Zip 02921	Zip 02921	Zip 02921
Director Name Kim Patriarca		Director Name Amy Lufkin	
Street Address 14 Gray Coach E		Street Address 22 Gray Coach W	
City Cranston	State RI	City Cranston	State RI
Zip 02921	Zip 02921	Zip 02921	Zip 02921

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 Gina Armstrong	Date 2-5-24
Signature of Officer/Authorized Representative <i>Gina Armstrong</i>	

MAIL TO:
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 Website: www.sos.ri.gov