State of Rhode Island
Department of State - Business Services Division

FILED
FEB 03 2025
BY

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000119219	Twin Oaks Condominium Association, Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: The management of the affairs of the Twin Oaks Condominium Association
4. NAICS Code: 531110	

6. Principal Office Address	City	State	Zip
2000 Warwick Avenue	Warwick	RI	02889

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Andrea Carneiro	Ann-Marie Cavaliere
Street Address: 161 West Shore Rd, Unit A-3	Street Address: 161 West Shore Rd, Unit C-3
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889
Secretary Name: Lori Mosby	Treasurer Name: Keith Tone
Street Address: 161 West Shore Rd, Unit B-9	Street Address: 161 West Shore Rd, Unit C-7
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Andrea Carneiro	Ann-Marie Cavaliere
Street Address: 161 West Shore Rd, Unit A-3	Street Address: 161 West Shore Rd, Unit C-3
City: Warwick State: RI Zip: 02889	City: State: Zip:
Director Name: Lori Mosby	Director Name:
Street Address: 161 West Shore Rd, Unit B-9	Street Address:
City: Warwick State: RI Zip: 02889	City: State: Zip:

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	Date
Pathe Turner, Managing Agent	1/28/2025

Signature of Officer/Authorized Representative: Pathe Turner

MAIL TO:
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