



**State of Rhode Island  
Department of State - Business Services Division**

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**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 <b>000485523</b>		2. Exact name of the Corporation <b>Oakwood Gardens Condominium Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To operate the affairs of the Oakwood Gardens Condominiums</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>1865 Post Road, Suite 202</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jack Strum</b>			Vice-President Name <b>Imanah Mahmoud</b>		
Street Address <b>569 Smithfield Road, Unit 3</b>			Street Address <b>569 Smithfield Road, Unit 28</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Camille Bendinelli</b>			Treasurer Name <b>Camille Bendinelli</b>		
Street Address <b>569 Smithfield Road, Unit 4</b>			Street Address <b>569 Smithfield Road, Unit 4</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>See Exhibit A attached hereto.</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Imanah Mahmoud</b>				Date <b>2/20/25</b>	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

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

**FILED**

**MAR 14 2025**

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**BY JFWPV**

*AW*

EXHIBIT A  
DIRECTORS (2025):

Jack Sturm, 569 Smithfield Road, Unit 3, North Providence, RI 02904

Imanah Mahmoud, 569 Smithfield Road, Unit 28, North Providence, RI 02904

Camille Bendinelli, 569 Smithfield Road, Unit 4, North Providence, RI 02904