



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3640

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>29438</b>		2. Name of Corporation <b>Pleasant View Condominium Association (III), Inc.</b>	
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>127 Pleasant View Avenue</b>	
		City <b>Smithfield</b>	Zip <b>02917</b>
5. Foreign corporation. Enter principal office address City _____ State _____ Zip _____			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Condominium management association.</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Paul Marcotte</b>		Vice President Name <b>Barbara Valentino</b>	
Street Address <b>127 Pleasant View Ave., Unit 40</b>		Street Address <b>127 Pleasant View Ave., Unit 45</b>	
City <b>Smithfield</b>	State <b>RI</b>	City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02917</b>		Zip <b>02917</b>	
Secretary Name <b>Debra Valente</b>		Treasurer Name <b>Rrea Fortin</b>	
Street Address <b>127 Pleasant View Ave., Unit 35</b>		Street Address <b>127 Pleasant View Ave., Unit 37</b>	
City <b>Smithfield</b>	State <b>RI</b>	City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02917</b>		Zip <b>02917</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>Paul Marcotte</b>		Director Name <b>Barbara Valentino</b>	
Street Address <b>127 Pleasant View Ave., Unit 40</b>		Street Address <b>127 Pleasant View Ave., Unit 45</b>	
City <b>Smithfield</b>	State <b>RI</b>	City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02917</b>		Zip <b>02917</b>	
Director Name <b>Debra Valente</b>		Director Name <b>Rrea Fortin</b>	
Street Address <b>127 Pleasant View Ave., Unit 35</b>		Street Address <b>127 Pleasant View Ave., Unit 37</b>	
City <b>Smithfield</b>	State <b>RI</b>	City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02917</b>		Zip <b>02917</b>	
9. REGISTERED AGENT IN RHODE ISLAND <b>Rrea Fortin</b> <b>127 Pleasant View Avenue, Unit 37, Smithfield, RI 02917</b> This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

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By 123033  
FMZ

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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.

Debra Valente  
Signature of Officer

Debra Valente  
Print or Type Name of Officer

Secretary  
Title of Officer

File Date _____
Check No. _____
By: _____
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