

STATE OF PHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation					
118030	Pleasan	Pleasant View Commons Homeowners Association					
State of Incorporation		Brief description of the character of business conducted in Rhode Island					
Rhode Island	Unit Ow	ner's Associatioı	n				
5. Principal office address 612 Smithfield Road, Unit 22			City North Providence	State RI	Zip 02904		
8. LIST ALL OFFICERS (N.	MES AND ADDI	NESSES) ("X" BOX F	OR AT (ACHMENT)		The state of the s		
President Name			Vice-President Name				
Sandra Matthews	ndra Matthews		Linda Nastasi				
Street Address			Street Address				
612 Smithfield Road,	Unit 22		612 Smithfield Road, U	nit 12			
City	State	Zip	City	State	Zip		
North Providence	RI	02904	North Providence	RI	02904		
Secretary Name	•	•	Treasurer Name				
Andrea Doyle			Michelle Thibeault				
Street Address			Street Address				
612 Smithfield Road,	Unit 17		612 Smithfield Road, U	nit 18			
City	State	Zip	City	State	Zip		
North Providence	RI	02904	North Providence	RI	02904		
		DRESSES). RHODE IS	SLAND CORPORATIONS <u>MUST</u> LIST	F NO LESS THAN	THREE (3) DIRECTO		
("X" BOX FOR ATTACHN	END	2	A CONTROL OF THE CONT		THE STATE OF THE S		
Director Name			Director Name				
Sandra Matthews			Linda Nastasi				
Street Address			Street Address				
612 Smithfield Road,			612 Smithfield Road, U				
City	State	Zip	City	State	Zip		
North Providence	RI	02904	North Providence	RI	02904		
Director Name				Director Name			
Andrea Doyle			Michelle Thibeault				
treet Address 12 Smithfield Road, Unit 17			Street Address 612 Smithfield Road, Unit 18				
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City North Providence	State RI	Zíp 02904	City North Providence	State RI	Zip 02904		
		UZ9U4	North Providence	NJ	UZ3U4		
8. REGISTERED AGENT IN			PARTICIONAL AND				
	-		lary of State. Changes require filing i				
This report must be signed by	either the Presid	ent, Vice-President, Se	ecretary, Assistant Secretary, Treasurer	, duly Authorized	Representative, Receiv		

or Trustee

FIL Doc	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
CIVIA NA	JUN 2 2014	and that all statements contained herein are true and correct.		
	1434	Sandra Metheux	6/10/14	
FOR SECRETARY OF STATE USE ONLY		Signature of Officer or Authorized Representative	Date	
		Sandra Matthews, President		

Form No. 631 Revised: 04/2014 Sandra Matthews, President

Print or Type Name of Officer or Authorized Representative