



STATE OF RHODE 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. 29944		2. Exact name of the Corporation PLEASANT VIEW CONDOMINIUM ASSOCIATION (II), INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island MAINTENANCE OF CONDO ASSOCIATION			
5. Principal office address 131 PLEASANT VIEW AVE		City SMITHFIELD		State RI	Zip 02917
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name RONALD E FORREST			Vice-President Name JOHN AGRELLA		
Street Address 131 PLEASANT VIEW AVE UNIT 17			Street Address 131 PLEASANT VIEW AVE UNIT 18		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name CATHY KIMATIAN			Treasurer Name CAHTY KIMATIAN		
Street Address 131 PLEASANT VIEW AVE UNIT 22			Street Address 131 PLEASANT VIEW AVE UNIT 22		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name RONALD E FORREST			Director Name JOHN AGRELLA		
Street Address 131 PLEASANT VIEW AVE UNIT 17			Street Address 131 PLEASANT VIEW AVE UNIT 18		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name CATHY KIMATIAN			Director Name		
Street Address 131 PLEASANT VIEW AVE UNIT 22			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

FILED

Check No _____

By: _____

JUN 19 2014

FOR SECRETARY OF STATE USE ONLY

BY 536

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.

Ronald E. Forrest
Signature of Officer or Authorized Representative

6-2-2014
Date

RONALD E FORREST

Print or Type Name of Officer or Authorized Representative