



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

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 969195		2. Exact name of the Corporation Plainfield Valley Condominium Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island manage and operate the affairs of the condominium association			
5. Principal office address 1603 Plainfield Pike, Unit B-11		City Johnston		State RI	Zip 02919
President Name Susan M. Ricci		Vice-President Name Claire M. Cote			
Street Address 1603 Plainfield Pike, B-8		Street Address 1603 Plainfield Pike, A-2			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Donald E. DoweIko		Treasurer Name Ellery N. Wood, Jr.			
Street Address 1603 Plainfield Pike, C-6		Street Address 1603 Plainfield Pike, D-9			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name David M. Cimaglio		Director Name Claire M. Cote			
Street Address 1603 Plainfield Pike, D-5		Street Address 1603 Plainfield Pike, A-2			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Donald E. DoweIko		Director Name Ellery N. Wood, Jr.			
Street Address 1603 Plainfield Pike, C-6		Street Address 1603 Plainfield Pike, D-9			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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

FILED
MAY 29 2015
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FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative
Date 5-8-15

Susan M. Ricci, President
Print or Type Name of Officer or Authorized Representative