



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000541954

2. Name of Corporation VALLEY VIEW CONDOMINIUMS INC

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 17 MANN SCHOOL ROAD

City or Town: SMITHFIELD

State: RI Zip: 02917 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO COLLECT FEES TO PAY FOR CONDOMINIUM SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KAREY MAJKA	325 NEW LONDON AVE. WARWICK, RI 02886 USA
TREASURER	TODD BROTHERS	560 FRUIT HILL AVE. NORTH PROVIDENCE, RI 02911 USA
SECRETARY	ANN MCGARRY	135 TAMPA ST.

		WEST WARWICK, RI 02893 USA
DIRECTOR	TODD BROTHERS	560 FRUIT HILL AVE. NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	KAREY MAJKA	325 NEW LONDON AVENUE WARWICK, RI 02886 USA
DIRECTOR	ANN MCGARRY	136 TAMPA STREET WEST WARWICK, RI 02893 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KAREN BELLUCCI 17 MANN SCHOOL ROAD SMITHFIELD , RI 02917

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

Signed this 30 Day of June, 2016 at 2:28:30 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KAREN A. BELLUCCI
Signature of Authorized Person

Form No. 631
Revised 09/07

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