



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>29938</b>		2. Exact name of the Corporation <b>Pleasant View Condominium Association (III), Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Manage the affairs of the condominium association.</b>			
4. NAICS Code <b>813990 - Other Similar Organiz</b>					
6. Principal Office Address <b>181 Knight Street</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Branch</b>			Vice-President Name <b>Donald Enos</b>		
Street Address <b>37 Terrace Drive</b>			Street Address <b>12865 S W Highway 17, Lot #344</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Arcadia</b>	State <b>FL</b>	Zip <b>34269</b>
Secretary Name <b>Jill Salinaro</b>			Treasurer Name <b>Jill Salinaro</b>		
Street Address <b>P.O. Box 502</b>			Street Address <b>P.O. Box 502</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael Branch</b>			Director Name <b>Donald Enos</b>		
Street Address <b>37 Terrace Drive</b>			Street Address <b>12865 S W Highway 17, Lot #344</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Arcadia</b>	State <b>FL</b>	Zip <b>34269</b>
Director Name <b>Jill Salinaro</b>			Director Name		
Street Address <b>P.O. Box 502</b>			Street Address		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Michael Branch, President</b>					Date <b>6/23/17</b>
Signature of Officer/Authorized Representative <i>Michael Branch</i>					

**FILED**  
JUN 30 2017

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