



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 29938		2. Exact name of the Corporation Pleasant View Condominium Association (III), Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Organiz					
6. Principal Office Address 181 Knight Street		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Branch			Vice-President Name Donald Enos		
Street Address 37 Terrace Drive			Street Address 12865 S W Highway 17, Lot #344		
City Greenville	State RI	Zip 02828	City Arcadia	State FL	Zip 34269
Secretary Name Jill Salinaro			Treasurer Name Jill Salinaro		
Street Address P.O. Box 502			Street Address P.O. Box 502		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Branch			Director Name Donald Enos		
Street Address 37 Terrace Drive			Street Address 12865 S W Highway 17, Lot #344		
City Greenville	State RI	Zip 02828	City Arcadia	State FL	Zip 34269
Director Name Jill Salinaro			Director Name		
Street Address P.O. Box 502			Street Address		
City Greenville	State RI	Zip 02828	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.					
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.					
<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 Michael Branch, President					Date 6/23/17
Signature of Officer/Authorized Representative <i>Michael Branch</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 30 2017

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FORM 631 - Revised: 06/2017