



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

Annual Report for the year: 2018

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

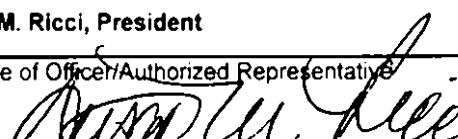
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

MAY 31 2018

BY

1438

1. Entity ID Number 969195		2. Exact name of the Corporation Plainfield Valley Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Manage and operate the affairs of the condominium association			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 1603 Plainfield Pike, Unit B-11			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan M. Ricci			Vice-President Name Claire M. Cote		
Street Address 1603 Plainfield Pike Unit B-8			Street Address 1603 Plainfield Pike Unit A-2		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Donald E. Doweiko			Treasurer Name Carolyn Monti		
Street Address 1603 Plainfield Pike Unit C-6			Street Address 1603 Plainfield Pike Unit D-1		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Claire M. Cote			Director Name Donald E. Doweiko		
Street Address 1603 Plainfield Pike Unit A-2			Street Address 1603 Plainfield Pike Unit C-6		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Carolyn Monti			Director Name Lisa Roberti		
Street Address 1603 Plainfield Pike Unit D-1			Street Address 1603 Plainfield Pike Unit C-7		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Susan M. Ricci, President					Date 4/14/2018
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					