

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.

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Entity ID Number	To Event non	as of the Corporatio	^					
969195		2. Exact name of the Corporation Plainfield Valley Condominium Association						
3. State of Incorporation	5. Brief descr	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Manage and	Manage and operate the affairs of the condominium association						
4. NAICS Code	1				ļ			
813910 - Business Association								
6. Principal Office Address	<u>,l,</u>		City	State	Zıp			
1603 Plainfield Pike, Unit B-11			Johnston	RI	02919			
7. List ALL officers (names and ad	Idresses)			Check the box to indicate	ate an attachment			
President Name Susan M. Ricci			Vice-President Name Clair	Vice-President Name Claire M. Cote				
Street Address 1603 Plainfield Pike Unit B-8			Street Address 1603 Plair	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 I	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 a	addresses). RI (Corporations MUST	list at least THREE directors	Check the box to indicate	ate an attachment			
Director Name Claire M. Cote			Director Name Donald E.	Director Name Donald E. Doweiko				
Street Address 1603 Plainfield Pike Unit A-2			Street Address 1603 Plair	Street Address 1603 Plainfield Pike Unit C-6				
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919			
Director Name Carolyn Monti	<u>-1</u>		Director Name Lisa Robe	Director Name Lisa Roberti				
Street Address 1603 Plainfield Pike Unit D-1			Street Address 1603 Plair	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 Isla	ind. This informat	tion is currently of reco	ord in the Department of State. C	hanges require filing Form 64	11.			
Under penalty of perjury, I decia statements, and that all stateme				y accompanying schedu	iles and			
This report must be signed by either the Pro				Representative, Receiver or Trus	ilee			
Name of Officer/Authorized Representative				Date				
Susan M. Ricci, President	//	1		4/14/2018	4/14/2018			
Signature of Officer/Authorized Re	presentative	On SIGN DOC	CUMENT HERE					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov