

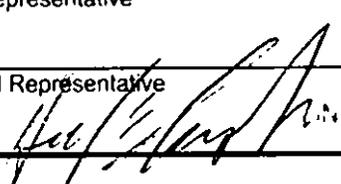


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

Non-Profit Corporation

- Filing period: June 1 - July 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000030064	2. Exact name of the Corporation Frosty Valley Improvement Association				
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island to uphold in good standing with the state and town within which to maintain a good, clean, safe environment to our property and fellow neighbors to the surrounding community				
4. NAICS Code 813990 - Other Similar Organizati					
6. Principal Office Address 58 Robinwood Drive		City Hope	State RI	Zip 02831	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Alan Charnauskas jr		Vice-President Name Kim Winnard			
Street Address 6 Briar Avenue		Street Address 57 Robinwood Drive			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Russell Edward Simpson jr		Treasurer Name Debra Lussier			
Street Address 58 Robinwood Drive		Street Address 20 Robinwood Drive			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
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 Russell Edward Simpson jr		Director Name Peter Alan Charnauskas jr			
Street Address 58 Robinwood Drive		Street Address 6 Briar Avenue			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name Ralph Loudermilk		Director Name			
Street Address 3 Roedle Drive		Street Address			
City Hope	State RI	Zip 02831	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 Russell Edward Simpson jr				Date 5/24/2018	
Signature of Officer/Authorized Representative 				FILED	

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

JUN 06 2018
 BY SS608 FORM 631 - Revised: 11/2017