



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

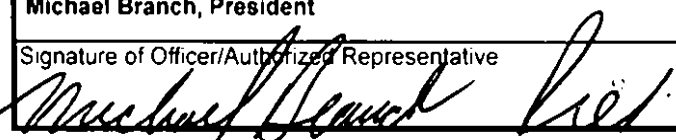
Annual Report for the year: **2018**

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.

1. Entity ID Number 000029938		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 ☐					
President Name Michael Branch			Vice-President Name Jill Salinaro		
Street Address 127 Pleasant View Avenue, #44			Street Address 127 Pleasant View Avenue, #43		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Donald Enos			Treasurer Name Jill Salinaro		
Street Address 12865 SW Highway 17, Lot #344			Street Address 127 Pleasant View Avenue, #43		
City Arcadia	State FL	Zip 34269	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Michael Branch			Director Name Jill Salinaro		
Street Address 127 Pleasant View Avenue, #44			Street Address 127 Pleasant View Avenue, #43		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Donald Enos			Director Name		
Street Address 12865 SW Highway 17, Lot #344			Street Address		
City Arcadia	State FL	Zip 34269	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Michael Branch, President					Date
Signature of Officer/Authorized Representative  DOCUMENT HERE 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 11 2018
BY 1095 PS

FORM 631 - Revised: 11/2017