



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

Annual Report for the year: **2019**

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.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
2019 SEP 20 PM 12:00

1. Entity ID Number 000029944		2. Exact name of the Corporation Pleasant View Condominium Association (II), 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 Organi			
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 Ronald Forrest		Vice-President Name Cathy Kimatian	
Street Address 131 Pleasant View Avenue, #17		Street Address 131 Pleasant View Avenue, #22	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Frederick Baldoni		Treasurer Name Frederick Baldoni	
Street Address 131 Pleasant View Avenue, #15		Street Address 131 Pleasant View Avenue, #15	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
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 Ronald Forrest		Director Name Cathy Kimatian	
Street Address 131 Pleasant View Avenue, #17		Street Address 131 Pleasant View Avenue, #22	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Director Name Frederick Baldoni		Director Name	
Street Address 131 Pleasant View Avenue, #15		Street Address	
City Smithfield	State RI	City	State
Zip 02917		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 Ronald Forrest, President		Date 09-16-2019	
Signature of Officer/Authorized Representative <i>Ronald E. Forrest</i>			
SIGN 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

SEP 20 2019 12:00

BY *BL QXSMR*

FORM 631 - Revised: 06/2019