RI SOS Filing Number: 202044051770 Date: 7/1/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	20
Non-Profit Corporation	

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-> 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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1. Entity ID Number 484794	2. Exact name of the Corporation The Falls at Pleasant Valley Homeowners Association					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Homeowner	s Association				
4. NAICS Code						
813910 - Business Assoc						
6. Principal Office Address	<u> </u>		City	State	Zip	
151 Delano Drive			North Kingstown	RI	02852	
7. List ALL officers (names and add	Iresses)		<u> </u>	Check the box to indi	cate an attachment	
President Name Darren Jodoin			Vice-President Name Chris Larson			
Street Address 350 Delano Drive			Street Address 43 Club Drive			
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	Zip 02852	
Secretary Name Umeswar Rhoda			Treasurer Name Jay Rouhselang			
Street Address 234 Delano Drive			Street Address 151 Delano Drive			
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852	
8. List ALL directors (names and a	ddresses). RI Co	orporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
Director Name Jim McDonald			Director Name William Cook			
Street Address 189 Delano Drive			Street Address 306 Delano Drive			
^{City} North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852	
Director Name Chris Larson			Director Name Jay Rouhselang			
Street Address 43 Club Drive			Street Address 151 Delano Drive			
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	Zip 02852	
9. Registered Agent in Rhode Islan	id. This informatio	n is currently of reco	rd in the Department of State. Change	s require filing Form 6	41.	
Under penalty of perjury, I decia statements, and that all stateme				companying sched	lules and	
This report must be signed by either the Pre-	sident, Vice-Presiden	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repre	sentative, Receiver or Tri	ustoe.	
Name of Officer/Authorized Representative Jay Rouhselang			Date 6/29/20	Date 6/29/20		
Signature of Officer/Authorized Rep	reportative					
Jay Rozekse	A CHARMA	SIGN DOC	CUMENT HERE			

MAIL TO:

Division of Business Services

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

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