



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

FILED

JUL 01 2020

BY 446

Annual Report for the year: **2020**

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 484794		2. Exact name of the Corporation The Falls at Pleasant Valley Homeowners Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowners Association <i>Inc.</i>			
4. NAICS Code 813910 - Business Assoc <input type="checkbox"/>					
6. Principal Office Address 151 Delano Drive		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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 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 Jay Rouhselang				Date 6/29/20	
Signature of Officer/Authorized Representative <i>Jay Rouhselang</i>				SIGN DOCUMENT HERE	

MAIL TO:
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