



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

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.

MAY 05 2021
 BY *[Handwritten Signature]*

1. Entity ID Number 969195		2. Exact name of the Corporation Plainfield Valley Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Manage and operate the affairs of the condominium association			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 1603 Plainfield Pike B-11		City Johnston	State RI	Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan M. Ricci			Vice-President Name Claire M. Cote		
Street Address 1603 Plainfield Pike. B8			Street Address 1603 Plainfield Pike, A-2		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Donald E. Doweiko			Treasurer Name Carolyn Monti		
Street Address 1603 Plainfield Pike, C-6			Street Address 1603 Plainfield Pike, D-1		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Claire M. Cote			Director Name Donald E. Doweiko		
Street Address 1603 Plainfield Pike, A-2			Street Address 1603 Plainfield Pike, C-6		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Carolyn Monti			Director Name Lisa Roberti		
Street Address 1603 Plainfield Pike, D-1			Street Address 1603 Plainfield Pike, D-7		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Susan M. Ricci, President				Date 04/14/2021	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov