RI SOS Filing Number: 202199220670 Date: 7/8/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED
JUL 08 2021
BY 50130

1. Entity ID Number	2. Exact name of the Corporation
57526	VALLEY VIEW CONDOMINIUM ASSOCIATION, INC.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Administering Valley View Condos in accordance with Act of 1982 as amended.
4. NAICS Code: 813910 - Business Association	

6. Principal Office Address	City	State	Zip
200 Heroux Boulevard, #905	Cumberland	RI	02864

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Roger Cummings			Vice-President Name: Tammy Ducharme		
Street Address: 200 Heroux Boulevard, #905			Street Address: 200 Heroux Boulevard, #903		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Joanne Sutcliffe			Treasurer Name: Linda Boylan		
Street Address: 200 Heroux Boulevard, #811			Street Address: 200 Heroux Boulevard, #1108		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Roger Cummings			Director Name: Tammy Ducharme		
Street Address: 200 Heroux Boulevard, #905			Street Address: 200 Heroux Boulevard, #903		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Director Name: Linda Boylan			Director Name:		
Street Address: 200 Heroux Boulevard, #1108			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	Zip:

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.

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	Date
Roger Cummings	6/30/2021
Signature of Officer/Authorized Representative: Roger Cummings President	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020