



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
OCT 18 2021
619

1. Entity ID Number 000030064		2. Exact name of the Corporation Frosty Valley Improvement Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To uphold in good standing with the state and town within which to maintain a good, clean, safe environment to our property and fellow neighbors to the surrounding community			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 58 Robinwood Drive			City Hope	State RI	Zip 02831
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bill Tougas		Vice-President Name Kim Winnard			
Street Address 44 Robinwood Drive		Street Address 57 Robinwood Drive			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Russell E Simpson jr.		Treasurer Name Debra Lussier			
Street Address 58 Robinwood Drive		Street Address 20 Robinwood Drive			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
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 Russell E Simpson jr		Director Name Peter Alan Chamauskas jr			
Street Address 58 Robinwood Drive		Street Address 6 Briar Avenue			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name Ted Lussier		Director Name			
Street Address 20 Robinwood Drive		Street Address			
City Hope	State RI	Zip 02831	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.					
<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 Russell E Simpson jr				Date 10/11/2021	
Signature of Officer/Authorized Representative <i>Russell E Simpson jr</i>					

MAIL TO:
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