



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT. OF STATE
BUS. SVCS. DIV.

STAMP

2023 MAR 24 P 2:39

1. Entity ID Number 000135679		2. Exact name of the Corporation The Falls at River Point Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO OPERATE & MANAGE A HOMEOWNERS ASSOCIATION			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 31 DEVEREUX STREET		City PROVIDENCE		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Rochelle Letourneau			Vice-President Name Don Paolucci		
Street Address 25-31 Devereux Street, Unit 209			Street Address PO Box 19899		
City Providence	State RI	Zip 02909	City Johnston	State RI	Zip 02919
Secretary Name			Treasurer Name Sabrina O'Meara		
Street Address			Street Address 25-31 Devereux Street, Unit 214		
City	State	Zip	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Rochelle Letourneau			Director Name Don Paolucci		
Street Address 25-31 Devereux Street, Unit 209			Street Address PO Box 19899		
City Providence	State RI	Zip 02909	City Johnston	State RI	Zip 02919
Director Name Sabrina O'Meara			Director Name June Scott		
Street Address 25-31 Devereux Street, Unit 214			Street Address 25-31 Devereux Street, Unit 309		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 Rochelle Letourneau				Date 3/23/23	
Signature of Officer/Authorized Representative <i>Rochelle Letourneau</i>					

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 24 2023

BY *GPB*
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FORM 631 - Revised: 2/2023

2021

Brittany DeSourdy

25-31 Devereux Street, Unit 210

Providence, RI 02909