State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 MAR 24 P 2:39

STAMP

1. Entity ID Number	2. Exact name of the Corporation
000135679	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	City	State	Zip
31 DEVEREUX STREET	PROVIDENCE	RI	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: Shawn Hazard		
Street Address: 25-31 Devereux Street, Unit 214			Street Address: 25-31 Devereux Street, Unit 102		
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	Date
Rochelle Letourneau	3/23/23

Signature of Officer/Authorized Representative: Rochelle Letourneau

FILED
MAR 24 2023
BY GBGJC
A.A - 2:50pm.

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: 2/2023