RI SOS Filing Number: 202331617500 Date: 3/24/2023 2:50:00 PM

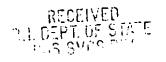


State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2020



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-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

2023 MAR 24 P 2: 39

1. Entity ID Number	2. Exact name of the Corporation				
000135679	The Falls at River Point Condominium Association				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	TO OPERATE & MANAGE A HOMEOWNERS ASSOCIATION				
4. NAICS Code					
813990 - Other Similar Organiza:					
6. Principal Office Address	····		City	State	<i>Z</i> ip
31 DEVEREUX STREET			PROVIDENCE	RI	02909
7. List ALL officers (names and addresses) Check the bcx to indicate an attack.					an attachment
President Name Rochelle Letou	irneau		Vico-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	Zıp	^{Crty} 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 Letour	neau		Director Name Don Paolucci		
Street Address 25-31 Devereux Street, Unit 209			Stree: Address PO Box 19899		
^{City} Providence	State RI	^{Zıp} 02909	City Johnston	State RI	^{Zip} 02919
Director Name Sabrina O'Mea	ra		Director Name Shawn Hazard		
Street Address 25-31 Devereux Street, Unit 214			Street Address 25-31 Devereux Street, Unit 102		
^{City} Providence	State RI	^{Z.p} 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, Treesurer, duty Authorized Representati				·	
Name of Officer/Authorized Representative				Date	
Rochelle Letourneau				3/23	/23
Signature of Officer/Authorized Representative FILED FILED					

MAJL 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

4.A.2.500m.

FORM 631 - Revised: 2/2023