



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2018  
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 2:38

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
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.					
<b>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.</b>					
<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 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 GP & JL  
A.A. 2:48 pm.

2018

Steven Medeiros

25-31 Devereux Street, Unit 208

Providence, RI 02909