



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016
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 SERVICES
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Aaron Such		Vice-President Name Rochelle Letourneau			
Street Address 25-31 Devereux Street, Unit 315		Street Address 25-31 Devereux Street, Unit 209			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 Aaron Such			
Street Address 25-31 Devereux Street, Unit 214		Street Address 25-31 Devereux Street, Unit 315			
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.					
<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>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 24 2023
BY G.P.S.O.
A.A. 2:46 PM

2016

Christine Kettelle

25-31 Devereux Street, Unit 103

Providence, RI 02909