



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2010**

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.

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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	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Rochelle Letourneau		Director Name Shawn Hazard	
Street Address 25-31 Devereux Street, Unit 209		Street Address 25-31 Devereux Street, Unit 102	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Don Paolucci		Director Name Aaron Such	
Street Address PO Box 19899		Street Address 25-31 Devereux Street, Unit 315	
City Johnston	State RI	City Providence	State RI
Zip 02919		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 A. 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 *GPG DP*
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FORM 631 - Revised: 2/2023