



State of Rhode Island.

Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

APR 07 2023

563102

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 57526		2. Exact name of the Corporation VALLEY VIEW CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Administering Valley View Condos in accordance with Act of 1982 as amended.			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 200 Heroux Boulevard, #905		City Cumberland	State RI	Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Roger Cummings		Vice-President Name Tammy Ducharme			
Street Address 200 Heroux Boulevard, #905		Street Address 200 Heroux Boulevard, #903			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Joanne Sutcliffe		Treasurer Name Linda Boylan			
Street Address 200 Heroux Boulevard, #811		Street Address 200 Heroux Boulevard, #1108			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Roger Cummings		Director Name Tammy Ducharme			
Street Address 200 Heroux Boulevard, #905		Street Address 200 Heroux Boulevard, #903			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Linda Boylan		Director Name			
Street Address 200 Heroux Boulevard, #1108		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
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 Roger Cummings				Date 3/15/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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