



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

FILED

FEB 23 2024

BY 659

1. Entity ID Number 000030064		2. Exact name of the Corporation Frosty Valley Improvement Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To uphold in good standing with the state and town within which to maintain a good, clean, safe environment to our property and fellow neighbors to the surrounding community			
4. NAICS Code 813990					
6. Principal Office Address 58 Robinwood Drive			City Hope	State R.I.	Zip 02831
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bill Tougas			Vice-President Name Kim Winnard		
Street Address 44 Robinwood Drive			Street Address 57 Robinwood Drive		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
Secretary Name Kristi Lemire			Treasurer Name Debra Lussier		
Street Address 28 Robinwood Drive			Street Address 20 Robinwood Drive		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
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 Russell E Simpson jr.			Director Name Peter Alan Charnauskas jr.		
Street Address 58 Robinwood Drive			Street Address 6 Briar Avenue		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
Director Name Ted Lussier			Director Name		
Street Address 20 Robinwood Drive			Street Address		
City Hope	State R.I.	Zip 02831	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 Russell Edward Simpson Jr					Date 2/15/2024
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov