



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.

REC'D RID05 BSD
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1. Entity ID Number 000064363		2. Exact name of the Corporation RIVERVIEW CONDOMINIUM OWNERS ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RUN AND MAINTAINING CONDOMINIUM COMPLEX	
4. NAICS Code 813990			
6. Principal Office Address 555 DIAMOND HILL RD		City WOONSOCKET	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RAYMOND KILEY		Vice-President Name	
Street Address 555 DIAMOND HILL RD #102		Street Address	
City WOONSOCKET	State RI	Zip 02895	
Secretary Name		Treasurer Name RAYMOND KILEY	
Street Address		Street Address 555 DIAMOND HILL RD #102	
City WOONSOCKET	State RI	Zip 02895	
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 KIM HARVEY		Director Name DENICE RININCE	
Street Address 555 DIAMOND HILL RD #304		Street Address 555 DIAMOND HILL RD #203	
City WOONSOCKET	State RI	Zip 02895	
Director Name STEVEN ROSATI		Director Name	
Street Address 555 DIAMOND HILL RD #301		Street Address	
City WOONSOCKET	State RI	Zip 02895	
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 RAYMOND KILEY			Date 10-15-24
Signature of Officer/Authorized Representative <i>R. Kiley</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

OCT 15 2024
FORM 631 - Revised 04/2023
BY DEAEE
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