



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

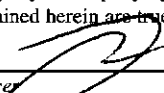
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 45083		2. Name of Corporation PARKVIEW CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 1455 MINERAL SPRING AVE		City NORTH PROV.	Zip 02904
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CONDOMINIUM ASSOCIATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LAURENCE LEVEY			Vice President None RICHARD SUGARMAN		
Street Address P.O. BOX 2283			Street Address 36 INDIAN WOODS WAY		
City PLAINVILLE	State MASS	Zip 02762	City CANTON	State MASS	Zip 02021
Secretary Name BERNARD GOSTAKTIAN			Treasurer Name RICHARD SUGARMAN		
Street Address 117A TURNESA GREEN			Street Address 36 INDIAN WOODS WAY		
City N. PROV.	State RI	Zip 02904	City CANTON	State MASS	Zip 02021
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name LAURENCE LEVEY			Director Name BERNARD GOSTAKTIAN		
Street Address P.O. BOX 2283			Street Address 117A TURNESA GREEN		
City PLAINVILLE	State MASS	Zip 02762	City N. PROV	State R.I	Zip 02904
Director Name RICHARD SUGARMAN			Director Name		
Street Address 36 INDIAN WOODS WAY			Street Address		
City CANTON	State MASS	Zip 02021	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name VISTA MANAGEMENT			Address		
Address 1455 MINERAL SPRING AVE			City NORTH PROV, RI	Zip 02904	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
File Date	JUN 27 2008
Check No.	984710
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer  6/27/08
Date
Print or Type Name of Officer
LAURENCE LEVEY
Title of Officer
PRESIDENT