



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

2014 JUN 23 PM 12:29  
 DIVISION OF STATE CORPORATIONS DIV

1. Entity ID No. <b>56852</b>		2. Exact name of the Corporation <b>Scenic View I Condominium Association, Inc</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non Profit Condominium Association</b>			
5. Principal office address <b>69 Scenery Lane</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Robert Massaniso</b>		Vice-President Name <b>Elaine Heiss</b>			
Street Address <b>5 Scenery Lane</b>		Street Address <b>37 Scenery Lane</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name		Treasurer Name <b>Joseph Giampaoli</b>			
Street Address		Street Address <b>38 Scenery Lane</b>			
City	State	Zip	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Carol Ferreira</b>		Director Name <b>Rosemary Cioe</b>			
Street Address <b>58 Scenery Lane</b>		Street Address <b>39 Scenery Lane</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>Kathleen Ryan</b>		Director Name			
Street Address <b>43 Scenery Lane</b>		Street Address			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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.

**FILED** Kathleen Ryan 6/23/14  
 Signature of Officer or Authorized Representative Date

**JUN 23 2014** KATHLEEN RYAN  
 Print or Type Name of Officer or Authorized Representative

BY KL 206921  
12:23