



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

1. Entity ID No. 56852		2. Exact name of the Corporation Scenic View I Condominium Association, Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non Profit Condominium Association			
5. Principal office address 69 Scenery Lane		City Johnston	State RI	Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Massaniso		Vice-President Name Elaine Heiss			
Street Address 5 Scenery Lane		Street Address 37 Scenery Lane			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name		Treasurer Name Joseph Giampaoli			
Street Address		Street Address 38 Scenery Lane			
City	State	Zip	City Johnston	State RI	Zip 02919
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 Carol Ferreira		Director Name Rosemary Cioe			
Street Address 58 Scenery Lane		Street Address 39 Scenery Lane			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Kathleen Ryan		Director Name			
Street Address 43 Scenery Lane		Street Address			
City Johnston	State RI	Zip 02919	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: _____

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.

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
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