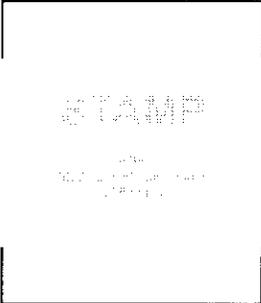




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
45083		Parkview Condominium Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I		Condo Association			
5. Principal Office Address			City	State	Zip
1455 Mineral Spring Ave			North Providence	R.I	02904
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurence Levey			Vice-President Name Rhonda Sugarman		
Street Address PO Box 2283			Street Address 36 Indian Woods Way		
City Plainville	State MASS	Zip 02762	City Canton	State MASS	Zip 02021
Secretary Name Suzanne Marcotte			Treasurer Name Suzanne Marcotte		
Street Address 50 Jane Street			Street Address 50 Jane Street		
City No. Providence	State R.I	Zip 02904	City No. Providence	State R.I	Zip 02904
7. 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 Laurence Levey			Director Name Suzanne Marcotte		
Street Address PO BOX 2283			Street Address 50 Jane Street		
City Plainville	State MASS	Zip 02762	City No. Providence	State R.I	Zip 02904
Director Name Rhonda Sugarman			Director Name		
Street Address 36 Indian Woods Way			Street Address		
City Canton	State MASS	Zip 02021	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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>					
<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 Laurence Levey(president)				Date 6/2/2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

JUN 06 2016
BY KL 760