



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 **2016**

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.

1. Entity ID No. <b>144238</b>		2. Exact name of the Corporation <b>Arbor View Condominium Association</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Condominium management located in the Town of Bristol, Rhode Island</b>			
5. Principal office address <b>443 Hope Street</b>		City <b>Bristol</b>		State <b>RI</b>	Zip <b>02809</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name		Vice-President Name <b>Joe Guarneri</b>			
Street Address		Street Address <b>47 Ansonia Avenue</b>			
City	State	Zip	City	State	Zip
			<b>Bristol</b>	<b>RI</b>	<b>02809</b>
Secretary Name <b>Paige Nerri</b>		Treasurer Name <b>None</b>			
Street Address <b>35 Ansonia Avenue</b>		Street Address			
City	State	Zip	City	State	Zip
<b>Bristol</b>	<b>RI</b>	<b>02809</b>			
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Helen McNiff</b>		Director Name <b>Joe Guarneri</b>			
Street Address <b>45 Ansonia Ave., #7</b>		Street Address <b>47 Ansonia Avenue</b>			
City	State	Zip	City	State	Zip
<b>Bristol</b>	<b>RI</b>	<b>02809</b>	<b>Bristol</b>	<b>RI</b>	<b>02809</b>
Director Name <b>Paige Nerri</b>		Director Name			
Street Address <b>35 Ansonia Avenue</b>		Street Address			
City	State	Zip	City	State	Zip
<b>Bristol</b>	<b>RI</b>	<b>02809</b>			
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

**FILED**

JUL 1 1 2016

BY **KL5403**

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.

*Joseph Guarneri* 5/20/16  
Signature of Officer or Authorized Representative Date

**JOSEPH GUARNERI**  
Print or Type Name of Officer or Authorized Representative