



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>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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 <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Paige Nerri</b>		Treasurer Name <b>None</b>			
Street Address <b>35 Ansonia Avenue</b>		Street Address			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <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 <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Paige Nerri</b>		Director Name			
Street Address <b>35 Ansonia Avenue</b>		Street Address			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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 BY **KL5403**

**FILED**

JUL 1 1 2016

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