



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

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 26978		2. Exact name of the Corporation Island View Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community Association			
4. NAICS Code 813410					
6. Principal Office Address 14 Gale Drive		City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bernard Duszkievicz			Vice-President Name Michael Keegan		
Street Address 56 Gale Dr			Street Address 14 Gale Dr		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Josie Scrofani			Treasurer Name Gerard Shepherd		
Street Address 76 Gale Dr.			Street Address 4 Gale Dr.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. 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 Bernard Duszkievicz			Director Name Gerard Shepherd		
Street Address 56 Gale Dr			Street Address 4 Gale Dr.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Michael Keegan			Director Name Josie Scrofani		
Street Address 14 Gale Dr.			Street Address 76 Gale Dr.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Gerard Shepherd, Treasurer					Date 6/1/17
Signature of Officer/Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 05 2017

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FORM 631 - Revised: 05/2017