



State of Rhode Island and Providence Plantings
Department of State Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

- 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 72628		2. Exact name of the Corporation Scenic View II Ltd. Condominium Association		
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Scenic View II is a homeowners condo assoc. organized as a non-profit corp.		
4. NAICS Code 813910 - Business Assoc <input type="checkbox"/>				
6. Principal Office Address 70 Scenery Lane		City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Alice Leone		Vice-President Name Diana Cendroski		
Street Address 108 Scenery Lane		Street Address 106 Scenery Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Lucille Storti		Treasurer Name Barbara Picard		
Street Address 103 Scenery Lane		Street Address 138 Scenery Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI
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 Diana Cendroski		Director Name Alice Leone		
Street Address 106 Scenery Lane		Street Address 108 Scenery Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Director Name Lucille Storti		Director Name Barbara Picard		
Street Address 103 Scenery Lane		Street Address 138 Scenery Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI
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.				
<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 Barbara J. Picard - Treasurer			Date 6/5/2017	
Signature of Officer/Authorized Representative <i>Barbara J. Picard</i>				

FILED

JUN 07 2017

201830 DS

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