



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

Annual Report for the year: **2018**

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATION  
2018 JUN 25 AM 10:00

1. Entity ID Number <b>000056852</b>		2. Exact name of the Corporation <b>SCENIC VIEW I CONDOMINIUM ASSOCIATION INC.</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>CONDOMINIUM COMPLEX</b>	
4. NAICS Code <b>813990 - Other Similar Orga</b>			
6. Principal Office Address <b>69 SCENERY LANE</b>		City <b>JOHNSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ROBERT MASSANISO</b>		Vice-President Name <b>DENISE LURGIO RAGOSTA</b>	
Street Address <b>5 SCENERY LANE</b>		Street Address <b>11 SCENERY LANE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>CAROL FERREIRA</b>		Treasurer Name <b>KATHLEEN RYAN</b>	
Street Address <b>58 SCENERY LANE</b>		Street Address <b>43 SCENERY LANE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>JOSEPH GIAMPOLI</b>		Director Name <b>ROBERT DA SILVA</b>	
Street Address <b>38 SCENERY LANE</b>		Street Address <b>122 ARBOR DRVR</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Director Name <b>RAYMOND FONTAINE</b>		Director Name	
Street Address <b>41 SCENERY LANE</b>		Street Address	
City <b>JOHNSTON</b>	State <b>RI</b>	City	State
Zip <b>02919</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 <b>KATHLEEN RYAN</b>			Date <b>6/25/2018</b>
Signature of Officer/Authorized Representative <i>Kathleen Ryan</i>			

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

**FILED**  
JUN 25 2018  
BY [Signature] 333405  
10:30