



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

Annual Report for the year: 2019
 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

FILED
 JUN 14 2019
 BY 5094 DS

1. Entity ID Number 159654		2. Exact name of the Corporation Country View Homeowner's Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operate homeowner's association and to own and maintain common areas.			
4. NAICS Code 813990					
6. Principal Office Address 599 Arnold Road			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John M. Ruzzo			Vice-President Name John L. Ruzzo		
Street Address 599 Arnold Road			Street Address 599 Arnold Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Louis Ruzzo			Treasurer Name John L. Ruzzo		
Street Address 599 Arnold Road			Street Address 599 Arnold Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 John M. Ruzzo			Director Name John L. Ruzzo		
Street Address 599 Arnold Road			Street Address 599 Arnold Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Louis Ruzzo			Director Name		
Street Address 599 Arnold Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
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 John M. Ruzzo					Date 6-7-19
Signature of Officer/Authorized Representative 					

MAIL TO:
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