



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 24 PM 2:39

1. Entity ID Number 000056852		2. Exact name of the Corporation SCENIC VIEW I CONDOMINIUM ASSOCIATION INC.		
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM COMPLEX		
4. NAICS Code 813990 -				
6. Principal Office Address 69 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 ROBERT MASSANISO		Vice-President Name DENISE LURGIO RAGOSTA		
Street Address 5 SCENERY LANE		Street Address 11 SCENERY LANE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI Zip 02919
Secretary Name CAROL FERREIRA		Treasurer Name KATHLEEN RYAN		
Street Address 58 SCENERY LANE		Street Address 43 SCENERY LANE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI Zip 02919
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 JOSEPH GIAMPAOLI		Director Name JANE WALKER		
Street Address 38 SCENERY LANE		Street Address 51 SCENERY LANE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI Zip 02919
Director Name ROBERT DA SILVA		Director Name		
Street Address 22 CARRIAGE WAY		Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	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 KATHLEEN RYAN			Date 6/24/2019	
Signature of Officer/Authorized Representative <i>Kathleen Ryan</i>				

SIGN DOCUMENT HERE **FILED**

JUN 24 2019
 BY *[Signature]* A22.4C
 2:39