



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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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 - <input type="checkbox"/>							
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	

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

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 BY *[Signature]* A22.4C
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