



FILED JUN 11 2020
5251

Annual Report for the year: 2020
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 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative John M. Ruzzo				Date 6-8-20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	