RI SOS Filing Number: 202199228090 Date: 7/9/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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2021 JUL -9 AM 8:45

Annual Report for the year: 2021
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	2. Exact name of the Corporation
001685379	**Bella Vista Estates Condominium Association**
3 State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: HOME OWNERS CONDO ASSOCIATION
4 NAICS Code: 813910 - Business Associations	

6 Principal Office Address	City	State	Zip
22 Bella Vista Circle	Glocester	RI	02814

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David Dulude			Vice-President Name: Ken Plante		
Street Address: 22 Bella Vista Circle			Street Address: 17 Bella Vista Circle		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814
Secretary Name: Suzanne Leja			Treasurer Name: Jaclynn DiPietro		
Street Address: 20 Bella Vista Circle			Street Address: 84 Bella Vista Circle		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☑

Director Name: David Dulude			Director Name: Ken Plante		
Street Address: 22 Bella Vista Circle			Street Address: 17 Bella Vista Circle		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814
Director Name: Suzanne Leja			Director Name: Jaclynn DiPietro		
Street Address: 20 Bella Vista Circle			Street Address: 84 Bella Vista Circle		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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	Date
David Dulude	6/25/2021

Signature of Officer/Authorized Representative: David R. Dulude

FILED
JUL 09 2021
KC R3MYM
8:45

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

FORM 631 - Revised: 08/2020

Additional Directors

DIRECTOR NAME: Larry Guglietta

STREET ADDRESS: 112 Bella Vista Circle

CITY: Chepachet **STATE:** RI **ZIP: 02814**