



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 07 2022
BY T326
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1. Entity ID Number 001685379		2. Exact name of the Corporation BELLA VISTA ESTATES CONDOMINIUM ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOME OWNERS CONDOMINIUM ASSOCIATION	
4. NAICS Code 813990 - Other Similar Organiza			
6. Principal Office Address 1 BELLA VISTA CIRCLE		City CHEPACHET	State RI
		Zip 02814	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City CHEPACHET	State RI
Zip 02814		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	City CHEPACHET	State RI
Zip 02814		Zip 02814	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name DAVID DULUDE		Director Name KEN PLANTE	
Street Address 22 BELLA VISTA CIRCLE		Street Address 17 BELLA VISTA CIRCLE	
City CHEPACHET	State RI	City CHEPACHET	State RI
Zip 02814		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	City CHEPACHET	State RI
Zip 02814		Zip 02814	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 DAVID DULUDE			Date 2/16/2022
Signature of Officer/Authorized Representative 			

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

Directors cont.

DIRECTOR NAME: Larry Guglietta
STREET: 112 Bella Vista Circle
CITY: Chepachet
STATE: RI
ZIP: 02814

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MAR 07 2022
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