



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.

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BY T. Balg
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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). RI Corporations MUST list at least THREE directors. 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	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 <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	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.					
<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

RI 02814

MAR 07 2022

BA.....

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