



FILED

APR 25 2022

BY

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.

1. Entity ID Number 000147812		2. Exact name of the Corporation Crestview Village Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide for the administration, management, maintenance, preservation, and the control of the Crestview Village Condominiums in the town of Westerly, RI.			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address Crestview Drive, P.O. Box 194			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robin Furcolo			Vice-President Name Carolyn Perez		
Street Address 13 Crestview Drive, Unit 3B			Street Address 25 Crestview Drive, Unit 8E		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Dean Capistrano			Treasurer Name Gordon Greene		
Street Address 13 Crestview Drive, Unit 3D			Street Address 375 Liberty Street Apt 21		
City Westerly	State RI	Zip 02891	City Pawcatuck	State CT	Zip 06379
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 Robin Furcolo			Director Name Carolyn Perez		
Street Address 13 Crestview Drive, Unit 3B			Street Address 25 Crestview Drive, Unit 8E		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Dean Capistrano			Director Name Gordon Greene		
Street Address 13 Crestview Drive, Unit 3D			Street Address 375 Liberty Street Apt 21		
City Westerly	State RI	Zip 02891	City Pawcatuck	State CT	Zip 06379
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.					
<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 Gordon D. Greene, Treasurer				Date 04/23/2022	
Signature of Officer/Authorized Representative <i>Gordon D. Greene, Treasurer</i>					