



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 25 2023

BY

Annual Report for the year: 2023
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 72628		2. Exact name of the Corporation Scenic View II, Ltd Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Scenic View II, Ltd is a homeowners Condo Assoc. organized as a non-profit Corp formed in 1993 to provide maintenance, preservation and control of common areas and to provide health, safety and welfare to residents.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 70 Scenery Lane		City Johnston	State RI	Zip 02919	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Diana Cendroski		Vice-President Name David Peck			
Street Address 106 Scenery Lane		Street Address 141 Scenery Lane			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Sherry Puhacz		Treasurer Name Barbara Picard			
Street Address 110 Scenery Lane		Street Address 138 Scenery Lane			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Diana Cendroski		Director Name David Peck			
Street Address 106 Scenery Lane		Street Address 141 Scenery Lane			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Sherry Puhacz		Director Name Janet Bailey			
Street Address 110 Scenery Lane		Street Address 130 Scenery Lane			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Barbara Picard - Treasurer				Date 1/22/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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