



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2023

FILED

FEB 17 2023

BY 1085 OS

- 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 <u>26978</u>		2. Exact name of the Corporation <u>Island View Association</u>		
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Community Association</u>		
4. NAICS Code <u>813410</u>				
6. Principal Office Address <u>14 Gale Drive</u>		City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <u>Bernard Duszkievicz</u>		Vice-President Name <u>Melissa Ridolfi</u>		
Street Address <u>56 Gale Drive</u>		Street Address <u>31 Gale Drive</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>
Secretary Name <u>Josie Senofani</u>		Treasurer Name <u>Gerard Shepherd</u>		
Street Address <u>76 Gale Drive</u>		Street Address <u>4 Gale Drive</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <u>Bernard Duszkievicz</u>		Director Name <u>Gerard Shepherd</u>		
Street Address <u>56 Gale Drive</u>		Street Address <u>4 Gale Drive</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>
Director Name <u>Josie Senofani</u>		Director Name		
Street Address <u>76 Gale Drive</u>		Street Address		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City	State
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.				
<b>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.</b>				
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>				
Name of Officer/Authorized Representative <u>Gerard Shepherd, Treasurer</u>			Date <u>Feb 12, 2023</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>				

MAIL TO:  
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