



State of Rhode Island

Department of State - Business Services Division

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.

RECEIVED
RI DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 000056852		2. Exact name of the Corporation SCENIC VIEW I CONDOMINIUM ASSOCIATION, INC.		003 MAR -6 P 12: 20	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM COMPLEX			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 69 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 ROBERT MASSANISO		Vice-President Name DENISE LURGIO RAGOSTA			
Street Address 5 SCENERY LANE		Street Address 11 SCENERY LANE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name CAROL FERREIRA		Treasurer Name KATHLEEN RYAN			
Street Address 58 SCENERY LANE		Street Address 43 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 JOSEPH GIAMPAOLI		Director Name DEBRA BRODEUR			
Street Address 38 SCENERY LANE		Street Address 66 SCENERY LANE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name JANE WALKER		Director Name			
Street Address 51 SCENERY LANE		Street Address			
City JOHNSTON	State RI	Zip 02919	City	State	Zip
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.					
<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 KATHLEEN RYAN				Date 3/5/2023	
Signature of Officer/Authorized Representative <i>Kathleen M. Ryan, Treasurer</i>					

FILED

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

MAR 6 2023
BY *4772*

FORM 631 - Revised: 2/2023