



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

MAY 24 2023
 [Handwritten signature]

- 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 Frances Roney		
Street Address 13 Crestview Drive, Unit 3B			Street Address 25 Crestview Drive, Unit 8F		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Dean Capistrano			Treasurer Name Connor Capizzano		
Street Address 13 Crestview Drive, Unit 3D			Street Address 21 Crestview Drive, Unit 7B		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 028921
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 Frances Roney		
Street Address 13 Crestview Drive, Unit 3B			Street Address 25 Crestview Drive, Unit 8F		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Dean Capistrano			Director Name Connor Capizzano		
Street Address 13 Crestview Drive, Unit 3D			Street Address 21 Crestview Drive, Unit 7B		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 22891
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 Robin Furcolo, President				Date 05/21/2023	
Signature of Officer/Authorized Representative President					

MAIL TO:
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 Website: www.sos.ri.gov