



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 DEC -4 A 10:44

1. Entity ID Number <b>000045083</b>		2. Exact name of the Corporation <b>Parkview Condominium Association, Inc.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>condominium Association</b>	
4. NAICS Code <b>813910</b>			
6. Principal Office Address <b>PO BOX 113855</b>		City <b>North Providence</b>	State <b>RI</b>
		Zip <b>02911</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Joseph DeChristofaro</b>		Vice-President Name <b>James Ady</b>	
Street Address <b>PO BOX 113855</b>		Street Address <b>PO BOX 113855</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02911</b>	
Secretary Name <b>Suzanne Marcotte</b>		Treasurer Name <b>Randy Wyrofsky</b>	
Street Address <b>PO BOX 113855</b>		Street Address <b>PO BOX 113855</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02911</b>	
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 checked="" type="checkbox"/></span>			
Director Name <b>Joseph DeChristofaro</b>		Director Name <b>James Ady</b>	
Street Address <b>PO BOX 113855</b>		Street Address <b>PO BOX 113855</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02911</b>	
Director Name <b>Suzanne Marcotte</b>		Director Name <b>Randy Wyrofsky</b>	
Street Address <b>PO BOX 113855</b>		Street Address <b>PO BOX 113855</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02911</b>	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <b>Joseph DeChristofaro</b>			Date <b>12-4-23</b>
Signature of Officer/Authorized Representative <b>Joseph DeChristofaro</b>			

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

DEC 04 2023  
BY ML YAOV2

FORM 631- Revised 04/2023

ID# 45083

Directors continued

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.						Check the box to indicate an attachment <input type="checkbox"/>		
Director Name			Shelly Capaldi			Director Name		
Street Address			PO Box 113855			Street Address		
City		State	Zip	City		State	Zip	
North Providence		RI	02911					
Director Name						Director Name		
Street Address						Street Address		
City		State	Zip	City		State	Zip	