



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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BUS SVCS DIV

2023 DEC -4 A 10:44

1. Entity ID Number 000045083		2. Exact name of the Corporation Parkview Condominium Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island condominium Association	
4. NAICS Code 813910			
6. Principal Office Address PO BOX 113855		City North Providence	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph DeChristofaro		Vice-President Name JAMES ADY	
Street Address PO BOX 113855		Street Address PO BOX 113855	
City North Providence	State RI	Zip 02911	City North Providence
State RI	Zip 02911	City North Providence	State RI
City North Providence	State RI	Zip 02911	City North Providence
Secretary Name Suzanne Marcotte		Treasurer Name Randy Wyrzofsky	
Street Address PO BOX 113855		Street Address PO BOX 113855	
City North Providence	State RI	Zip 02911	City North Providence
State RI	Zip 02911	City North Providence	State RI
City North Providence	State RI	Zip 02911	City North Providence
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Joseph DeChristofaro		Director Name JAMES ADY	
Street Address PO BOX 113855		Street Address PO BOX 113855	
City North Providence	State RI	Zip 02911	City North Providence
State RI	Zip 02911	City North Providence	State RI
City North Providence	State RI	Zip 02911	City North Providence
Director Name Suzanne Marcotte		Director Name Randy Wyrzofsky	
Street Address PO BOX 113855		Street Address PO BOX 113855	
City North Providence	State RI	Zip 02911	City North Providence
State RI	Zip 02911	City North Providence	State RI
City North Providence	State RI	Zip 02911	City North Providence
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 			Date 12-4-23
Signature of Officer/Authorized Representative Joseph DeChristofaro			

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

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DEC 04 2023
BY ML YAOV2 FORM 631- Revised 04/2023

ID# 45083 Directors continued

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			Shelly Capaldi			Director Name							
Street Address			PO Box 113855			Street Address							
City		State	Zip			City		State	Zip				
Director Name						Director Name							
Street Address						Street Address							
City		State	Zip			City		State	Zip				