



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 14 2024
1092 *ju*

- 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 26978		2. Exact name of the Corporation Island View Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community Association			
4. NAICS Code 813410					
6. Principal Office Address 14 Gale Drive			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bernard DuszKiewicz			Vice-President Name Melissa Ridolfi		
Street Address 56 Gale Drive			Street Address 31 Gale Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Josie Scrofani			Treasurer Name Gerardo Shephard		
Street Address 76 Gale Drive			Street Address 4 Gale Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Bernard DuszKiewicz			Director Name Gerardo Shephard		
Street Address 56 Gale Drive			Street Address 4 Gale Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Josie Scrofani			Director Name		
Street Address 76 Gale Drive			Street Address		
City Wakefield	State RI	Zip 02879	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 Gerardo Shephard, Treasurer					Date 12 Feb 2024
Signature of Officer/Authorized Representative 					

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