




**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.

APR 10 2024
1297 *a*

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					
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 Sally-Anne Viara			Vice-President Name Barbara Beauchaine		
Street Address 17 Crestview Drive, Unit 5A			Street Address 19 Crestview Drive, Unit 6B		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Teresa Seefeldt			Treasurer Name Nathan Kearsch		
Street Address 17 Crestview Drive, Unit 5B			Street Address 19 Crestview Drive, Unit 6C		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Sally-Anne Viara			Director Name Barbara Beauchaine		
Street Address 17 Crestview Drive, Unit 5A			Street Address 19 Crestview Drive, Unit 6B		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Teresa Seefeldt			Director Name Nathan Kearsch		
Street Address 17 Crestview Drive, Unit 5B			Street Address 19 Crestview Drive, Unit 6C		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Sally-Anne Viara, President				Date 04/01/2024	
Signature of Officer/Authorized Representative 					

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