



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.

REC'D RID05 BSD
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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 Business Associations			
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
Secretary Name Richard Landry			Treasurer Name Randy Wyrofsky		
Street Address PO BOX 113855			Street Address PO BOX 113855		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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 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
Director Name Richard Landry			Director Name Randy Wyrofsky		
Street Address PO BOX 113855			Street Address PO BOX 113855		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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 Joseph DeChristofaro					Date 7-1-24
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

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