



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

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.

FILED

MAR 24 2025

BY

1. Entity ID Number 72628		2. Exact name of the Corporation Scenic View II, Ltd. Condominium Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Scenic View II, Ltd. Is a Homeowners Condo Assoc. organized as a non-profit Corporation formed in 1993 to provide maintenance, preservation and control of common areas and to provide health, safety	
4. NAICS Code 813910			
6. Principal Office Address 70 Scenery Lane		City Johnston	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David Peck		Vice-President Name Russell Bonetti	
Street Address 141 Scenery Lane		Street Address 114 Scenery Lane	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Sherry Arlia-Puhacz		Treasurer Name Barbara Picard	
Street Address 110 Scenery Lane		Street Address 138 Scenery Lane	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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 David Peck		Director Name Sherry Arlia-Puhacz	
Street Address 141 Scenery Lane		Street Address 110 Scenery Lane	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Russell Bonetti		Director Name Janet Bailey	
Street Address 114 Scenery Lane		Street Address 130 Scenery Lane	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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 Barbara J. Picard - Treasurer			Date 3/21/2025
Signature of Officer/Authorized Representative <i>Barbara J. Picard - Treasurer</i>			

MAIL TO:

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