

## 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

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 for	ee if form is not filed	by May 31.				
1. Entity ID Number 72628		2. Exact name of the Corporation Scenic View II, Ltd. Condominium Association				
3. State of Incorporation Rhode Island	Scenic Vie	5. Brief description of the character of business conducted in Rhode Island Scenic View II, Ltd. Is a Homeowners Condo Assoc. organized as a				
4. NAICS Code 813910	· ·	non-profit Corporation formed in 1993 to provide maintenance, preservation and control of common areas and to provide health, safety				
6. Principal Office Address 70 Scenery Lane			City Johnston	State RI	Zip 02919	
7. List ALL officers (names and				Check the box to indicate a	n attachment	
President Name David Peck			Vice-President Name Russell Bonetti			
Street Address 141 Scenery Lance			Street Address 114 Scenery Lane			
<sup>City</sup> Johnston	State RI	<sup>Zip</sup> 02919	City Johnston	State RI	Zip	
Secretary Name Sherry Arlia-Puhacz			Treasurer Name Barbara Picard			
Street Address 110 Scenery Lane			Street Address 138 Scenery Lane			
City Johnston	State RI	<sup>Zip</sup> 02919	City Johnston	State RI	Zio 02919	
8. List ALL directors (names ar	nd addresses). RI C	Corporations MUST I		Check the box to indicate		
Director Name David Peck			Director Name Sherry Arlia-Puhacz			
Street Address 141 Scenery Lane			Street Address 110 Scenery Lane			
<sup>City</sup> Johnston	State RI	<sup>Zip</sup> 02919	City Johnston	State RI	<sup>Zip</sup> 02919	
Director Name Russell Bonetti			Director Name Janet Bailey			
Street Address 114 Scenery Lane			Street Address 130 Scenery Lane			
<sup>City</sup> Johnston	State RI	<sup>Zip</sup> 02919	<sup>City</sup> Johnston	State RI	Zip 02919	
9. The Registered Agent inform	nation of record with	n the RI Department	of State is accurate. Change	s require filing Form 64		
Under penalty of perjury, I do statements, and that all state				accompanying sched	ules and	
This report must be signed by either the	e President, Vice-Preside	ent, Secretary, Assistant S	ecretary, Treesurer, duly Authorized R	Representative, Receiver or Tru	stee.	
Name of Officer/Authorized Representative				Date	Date	
Barbara J. Picard - Treasurer				3/21/2025		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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MAIL TO: