



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 16509
2. Name of Corporation Waterview Villa, Inc.
3. Street Address Principal Business Office 1275 SOUTH BROADWAY City EAST PROVIDENCE State RI Zip 02914
4. Business Phone No. 4014387020 5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
NURSING HOME OPERATION

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael Monteleone Street Address 41 Riverside Drive City Barrington State RI Zip 02806 Secretary Name Linda Monteleone Street Address 41 Riverside Drive City Barrington State RI Zip 02806	Vice President Name Street Address City State Zip Treasurer Name Michael Monteleone Street Address 41 Riverside Drive City Barrington State RI Zip 02806
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SEP 12 11:06 AM '07

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michael Monteleone Street Address 41 Riverside Drive City Barrington State RI Zip 02806 Director Name Street Address City State Zip	Director Name Linda Monteleone Street Address 41 Riverside Drive City Barrington State RI Zip 02806 Director Name Street Address City State Zip
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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
100	NO PAR VALUE	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
50	COMMON	NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee



FILED

SEP 12 2007

By AMF

11.06
11-364609

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.

Michael Monteleone
Signature Date
Michael Monteleone
Print or Type Name
President
Title

16509 DBC 07/18/07 02:24:52 PM
File Date _____
Check No. _____
By: _____
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