



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JUN 26 2019

2020

Annual Report for the year: **2019**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000485428		2. Exact name of the Corporation Harbour Court Condominium Association, Inc.						
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management of Affairs for Harbour Court Condominium Association.						
4. NAICS Code 813910 - Business Associati								
6. Principal Office Address 79 Duke Street				City East Greenwich		State RI	Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name Russell Botvin			Vice-President Name Elizabeth Isdale					
Street Address 79 Duke Street Unit 13			Street Address 79 Duke Street Unit 7					
City East Greenwich		State RI	Zip 02818		City East Greenwich		State RI	Zip 02818
Secretary Name Robert Hamlin			Treasurer Name Andrew Brousell					
Street Address 55 Oakwood Drive			Street Address 102 Queensberry Street, Apt 2					
City East Greenwich		State RI	Zip 02818		City Boston		State MA	Zip 02215
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 Russell Botvin			Director Name Elizabeth Isdale					
Street Address 79 Duke Street Unit 13			Street Address 79 Duke Street Unit 7					
City East Greenwich		State RI	Zip 02818		City East Greenwich		State RI	Zip 02818
Director Name Robert Hamlin			Director Name Andrew Brousell					
Street Address 55 Oakwood Drive			Street Address 102 Queensberry Street, Apt 2					
City East Greenwich		State RI	Zip 02818		City Boston		State MA	Zip 02215
9 Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Robert Hamlin, Secretary						Date 6/26/2019		
Signature of Officer/Authorized Representative 						SIGN DOCUMENT HERE		

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