



Department of State - Business Services Division

Annual Report for the year: 2020
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.

FILED
 JUN 15 2020
 BY B76 OS

1. Entity ID Number 000485428		2. Exact name of the Corporation Harbour Court Condominium Association, Inc.						
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of affairs of Harbour Court Condominium Association						
4. NAICS Code 813910 - Business Assoc								
6. Principal Office Address 79 Duke Street				City E. Greenwich		State RI	Zip 02818	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>								
President Name Russell Botvin				Vice-President Name Elizabeth Isdale				
Street Address 79 Duke St Unit 13				Street Address 79 Duke St Unit 7				
City E. Greenwich		State RI	Zip 02818		City E. Greenwich		State RI	Zip 02818
Secretary Name David Sweet				Treasurer Name Andrew Brousell				
Street Address 79 Duke St Unit 5				Street Address 19 M Street Apt 3				
City E. Greenwich		State RI	Zip 02818		City Boston		State MA	Zip 02127
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 St Unit 13				Street Address 79 Duke St Unit 7				
City E. Greenwich		State RI	Zip 02818		City E. Greenwich		State RI	Zip 02818
Director Name Andrew Brousell				Director Name				
Street Address 19 M Apt 3				Street Address				
City Boston		State MA	Zip 02127		City		State	Zip
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 Carlene DelNero, Authorized Representative						Date 6/9/2020		
Signature of Officer/Authorized Representative 						SIGN DOCUMENT HERE		