



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

FEB 24 2022

BY [Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 Association <input type="checkbox"/>					
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 Richard Mignanelli			Vice-President Name Elizabeth Isdale		
Street Address 1099 Tillinghast Road			Street Address 79 Duke Street, Unit 7		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name David Sweet			Treasurer Name Richard Mignanelli		
Street Address 79 Duke Street, Unit 5			Street Address 1099 Tillinghast Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Richard Magnanelli			Director Name Elizabeth Isdale		
Street Address 1099 Tillinghast Road			Street Address 79 Duke Street, Unit 7		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name David Sweet			Director Name		
Street Address 79 Duke Street, Unit 5			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
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 Carlene DelNero				Date 2/14/22	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
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