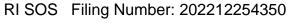
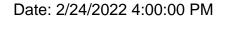
RI SOS Filing Number: 202212254	J	<i>)</i>	RISOS	Filing Number:	2022122543
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State of Rhode Island

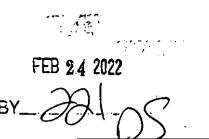
## **Department of State - Business Services Division**

Annual Report for the year: 2022 **Non-Profit Corporation** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

--> Penalty: Additional \$25.00 fee if form is not filed by May 31.



4. Calib. ID Number	I 2 5	(4) - 0							
1. Entity ID Number	2. Exact name of the Corporation								
000485428	Harbour Court Condominimum Association, Inc.								
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island								
RI	Management of affairs of Harbour Court Condominimum Association								
4. NAICS Code									
813910 - Business Association									
6. Principal Office Address			City	State	Zip				
79 Duke Street			East Greenwich	RI	02818				
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name Richard Mignat	nelli		Vice-President Name Elizabeth Isdale						
Street Address 1099 Tillinghast	Road		Street Address 79 Duke Street, Unit 7						
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818				
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment									
Director Name Richard Magnar	nelli		Director Name Elizabeth Isdale						
Street Address 1099 Tillinghas	t Road		Street Address 79 Duke Street, Unit 7						
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818				
Director Name David Sweet			Director Name						
Street Address 79 Duke Street,	Unit 5		Street Address						
City East Greenwich	State RI	<sup>Zip</sup> 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.									
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.									
Name of Officer/Authorized Repres	entative			Date					
Carlene DelNero .				2/14/22					
Signature of Officer/Authorized Representative									

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov