RI SOS Filing Number: 202331454880 Date: 3/22/2023 4:00:00 PM

State of Rhode Island

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

Annual Report for the year: 2023 **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.

FILED
MAR <b>)2 2</b> 2023
BY
(1)

1. Entity ID Number	2. Exact name of the Corporation					
000485428	Harbour Court Condomininum Association, Inc					
3. State of Incorporation	5. Bnef description of the character of business conducted in Rhode Island					
Rhode Island	Management of affairs of Harbour Court Condomininum 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 Mignanelli			Vice-President Name Helene Risso			
Street Address 1099 Tillinghast Road			Street Address 79 Duke Street, Unit 16			
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818	
Secretary Name		<u> </u>	Treasurer Name Richard Mignanelli			
Street Address			Street Address 1099 Tillinghast Road			
City	State	Zıp	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 Mignanelli			Director Name Helene Risso			
Street Address 1099 Tillinghast Road			Street Address 79 Duke Street, Unit 16			
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818	
Director Name Richard Mignanelli			Director Name			
Street Address 1099 Tillinghast Road			Street Address			
<sup>City</sup> East Greenwich	State RI	<sup>Z<sub>IP</sub></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, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date .		
Carlene Delnero				1-30	-23	
Signature of Officer/Authorized Representative  Mulium Dellieuri						

MAIL TO:

Division of Business Services

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

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