



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

FEB 28 2024

BY 

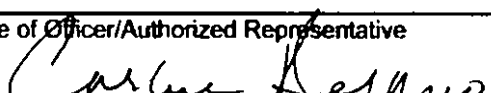
**Annual Report for the year: 2024**

**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.

1. Entity ID Number <b>000485428</b>		2. Exact name of the Corporation <b>Harbour Court Condominium Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Management of affairs of Harbour Court Condominium Association</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>79 Duke Street</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Richard Mignanelli</b>			Vice-President Name <b>Helene Risso</b>		
Street Address <b>1099 Tillinghast Road</b>			Street Address <b>79 Duke Street, Unit 16</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Richard Mignanelli</b>			Director Name <b>Helene Risso</b>		
Street Address <b>1099 Tillinghast Road</b>			Street Address <b>79 Duke Street, Unit 16</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name <b>Carlene DelNero</b>			Director Name		
Street Address <b>79 DOWLE ST</b>			Street Address		
City <b>East Greenwich RI</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Carlene DelNero</b>				Date <b>2-5-24</b>	
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
Division of Business Services  
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