



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |   |                         |                    |                     |
|---|--------------------|---|-------------------------|--------------------|---------------------|
| 1. Entity ID No.<br><b>505277</b>   |                    | 2. Exact name of the Corporation<br><b>HAMPTON PLACE CONDOMINIUMS HOMEOWNERS ASSOCIATION INC.</b>   |                         |                    |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Management of the affairs of a condominium complex.</b> |                         |                    |                     |
| 5. Principal office address<br><b>1285 Hartford Avenue, Unit 14</b>   |                    | City<br><b>Johnston</b>   |                         | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 6. LIST <b>ALL</b> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |                         |                    |                     |
| President Name<br><b>FRANK J. LOMBARDI</b>  |                    | Vice-President Name<br><b>SHANNON QUIGLEY</b>   |                         |                    |                     |
| Street Address<br><b>1285 Hartford Avenue, Unit 14</b>  |                    | Street Address<br><b>1285 Hartford Avenue, Unit 3</b>   |                         |                    |                     |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Johnston</b> | State<br><b>RI</b> | Zip<br><b>02919</b> |
| Secretary Name<br><b>DAYNA DIPIETRO</b>   |                    | Treasurer Name<br><b>FREDERICK GRAEFE</b>   |                         |                    |                     |
| Street Address<br><b>1285 Hartford Avenue, Unit 5</b>   |                    | Street Address<br><b>1285 Hartford Avenue, Unit 9</b>   |                         |                    |                     |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Johnston</b> | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 7. LIST <b>ALL</b> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |                         |                    |                     |
| Director Name<br><b>FRANK J. LOMBARDI</b>   |                    | Director Name<br><b>SHANNON QUIGLEY</b>   |                         |                    |                     |
| Street Address<br><b>1285 Hartford Avenue, Unit 14</b>  |                    | Street Address<br><b>1285 Hartford Avenue, Unit 3</b>   |                         |                    |                     |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Johnston</b> | State<br><b>RI</b> | Zip<br><b>02919</b> |
| Director Name<br><b>FREDERICK GRAEFE</b>  |                    | Director Name   |                         |                    |                     |
| Street Address<br><b>1285 Hartford Avenue, Unit 9</b>   |                    | Street Address  |                         |                    |                     |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City                    | State              | Zip                 |
| 8. REGISTERED AGENT IN RHODE ISLAND   |                    |   |                         |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.   |                    |   |                         |                    |                     |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

BY

**FILED**

**JUN 03 2014**

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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.

*Fredrick Graefe*  
Signature of Officer or Authorized Representative

**6-1-2014**

Date

**FREDERICK GRAEFE**

Print or Type Name of Officer or Authorized Representative