



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. 45237		2. Exact name of the Corporation Hans Condominium Association Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Condominium Association			
5. Principal office address 22 Lark Industrial Parkway Unit C		City Greenville		State RI	Zip 02828
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jason D'Amico			Vice-President Name None		
Street Address 303 Woodside Drive			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Margaret J. Chiovitti			Treasurer Name Margaret J. Chiovitti		
Street Address 1 Sherwood Lane			Street Address 1 Sherwood Lane		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jason D'Amico			Director Name Margaret J. Chiovitti		
Street Address 303 Woodside Drive			Street Address 1 Sherwood Lane		
City North Providence	State RI	Zip 02904	City Greenville	State RI	Zip 02828
Director Name Margaret J. Chiovitti			Director Name None		
Street Address 1 Sherwood Lane			Street Address		
City Greenville	State RI	Zip 02828	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

FILED

JUL 29 2014

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.

File Date _____

Check No _____

By: _____

BY 1182

06/13/14

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

Jason D'Amico

Print or Type Name of Officer or Authorized Representative