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 2015

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	City	State	Zip
22 Lark Industrial Parkway Unit C	Greenville	RI	02828

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Jason D'Amico	22 Lark Industrial Parkway Unit C	Greenville	RI	02828

Vice-President Name	Street Address	City	State	Zip
Angelo Chiovitti	585 Joslin Road	Harrisville	RI	02830

Secretary Name	Street Address	City	State	Zip
Margaret J. Chiovitti	1 Sherwood Lane	Greenville	RI	02828

Treasurer Name	Street Address	City	State	Zip
Margaret J. Chiovitti	1 Sherwood Lane	Greenville	RI	02828

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Jason D'Amico	22 Lark Industrial Parkway Unit C	Greenville	RI	02828

Director Name	Street Address	City	State	Zip
Angelo Chiovitti	585 Joslin Road	Harrisville	RI	02830

Director Name	Street Address	City	State	Zip
Margaret J. Chiovitti	1 Sherwood Lane	Greenville	RI	02828

Director Name	Street Address	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

FILED
JUL 20 2015
BY 1209

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.

Signature of Officer or Authorized Representative — Date: July 17, 2015

Jason D'Amico
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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