



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 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 Angelo Chiovitti	
Street Address 22 Lark Industrial Parkway Unit C		Street Address 585 Joslin Road	
City Greenville	State RI	City Harrisville	State RI
Zip 02828		Zip 02830	
Secretary Name Margaret J. Chiovitti		Treasurer Name Margaret J. Chiovitti	
Street Address 1 Sherwood Lane		Street Address 1 Sherwood Lane	
City Greenville	State RI	City Greenville	State RI
Zip 02828		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 Angelo Chiovitti	
Street Address 22 Lark Industrial Parkway Unit C		Street Address 585 Joslin Road	
City Greenville	State RI	City Harrisville	State RI
Zip 02828		Zip 02830	
Director Name Margaret J. Chiovitti		Director Name	
Street Address 1 Sherwood Lane		Street Address	
City Greenville	State RI	City	State
Zip 02828		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

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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.

Signature of Officer or Authorized Representative

July 17, 2015

Date

Jason D'Amico

Print or Type Name of Officer or Authorized Representative