



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. 26145		2. Exact name of the Corporation Harbourview Homeowner's Association, Inc.			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Condominium Association			
5. Principal office address Acropolis Management One Turk's Head Place, Ste 1200		City Providence		State R.I.	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dean Ponte		Vice-President Name Cathy Driscoll			
Street Address 4480 Post Road Unit 5		Street Address 4480 Post Road Unit 9			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Secretary Name		Treasurer Name Robert Chappelle			
Street Address		Street Address 4480 Post Road Unit 1			
City	State	Zip	City Warwick	State RI	Zip 02818
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 Dean Ponte		Director Name Robert Chappelle			
Street Address 4480 Post Road Unit 5		Street Address 4480 Post Road Unit 1			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Director Name Cathy Driscoll		Director Name			
Street Address 4480 Post Road Unit 9		Street Address			
City Warwick	State RI	Zip 02818	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

SEP 14 2015

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 **2314**

By: _____

Cathy Driscoll 9/10/15
Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Cathy Driscoll
Print or Type Name of Officer or Authorized Representative