



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
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Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
505277		HAMPTON PLACE CONDOMINIUMS HOMEOWNERS ASSOCIATION INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		Management of the affairs of a condominium complex.			
5. Principal Office Address		City	State	Zip	
1285 Hartford Avenue, Unit 14		Johnston	R.I.	02919	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANK J. LOMBARDI		Vice-President Name EDWIN SEMPER			
Street Address 1285 Hartford Avenue, Unit 14		Street Address 1285 Hartford Avenue, Unit 27			
City Johnston	State R.I.	Zip 02919	City Johnston	State R.R.	Zip 02919
Secretary Name SILVIA REES		Treasurer Name FREDERICK GRAEFE			
Street Address 1285 Hartford Avenue, Unit 12		Street Address 1285 Hartford Avenue, Unit 9			
City Johnston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FRANK J. LOMBARDI		Director Name EDWIN SEMPER			
Street Address 1285 Hartford Avenue, Unit 14		Street Address 1285 Hartford Avenue, Unit 27			
City Johnston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
Director Name FREDERICK GRAEFE		Director Name			
Street Address 1285 Hartford Avenue, Unit 9		Street Address			
City Johnston	State R.I.	Zip 02919	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative FREDERICK GRAEFE				Date 6-6-2016	
Signature of Officer/Authorized Representative 					

FILED

JUN 10 2016

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