



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000045604

2. Name of Corporation Harbor Houses Condominium Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 26 VALLEY ROAD, STE. 203

City or Town: MIDDLETOWN

State: RI Zip: 02842 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ADMINISTRATION, REGULATION, USE, OPERATION, MANAGEMENT, OCCUPATION AND MAINTENANCE OF HARBOR HOUSE WATERFRONT CONDOMINIUM

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	BENNIE SISTO	1145 MAIN ST., SUITE 3 PAWTUCKET, RI 02860 USA
VICE PRESIDENT	ALBERT SCHOFIELD	16 DEFENDERS ROW NEWPORT, RI 02840 USA

ASSISTANT SECRETARY	OSCAR SAHAGIAN	14 COUNTRYSIDE DR. NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	OSCAR SAHAGIAN	14 COUNTRYSIDE DR. NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ALBERT SCHOFIELD	16 DEFENDERS ROW NEWPORT, RI 02840 USA
DIRECTOR	HENRY SEEBACH	726 SOUTH ST. MIDDLEBURY, CT 06762 USA
DIRECTOR	BENNIE SISTO	1145 MAIN ST., SUITE 3 PAWTUCKET, RI 02860 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JAMES HANLON 26 VALLEY RD. STE 203 MIDDLETOWN , RI 02842

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of June, 2016 at 12:04:24 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By BENNIE SISTO
Signature of Authorized Person

Form No. 631
Revised 09/07

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