



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

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 139243		2. Exact name of the Corporation Hartford Park Residents Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Tenant Association for residents of the Hartford Park public housing development			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 335 Hartford Avenue, Apt. 308		City Providence		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gilberta Taylor			Vice-President Name Naomi Medina		
Street Address 7 Whelan Road, Apt. 1-6			Street Address 229 Hartford Avenue, Apt. 2		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Vivian Medina			Treasurer Name Nilsa Hernandez		
Street Address 22 Whelan Road, Apt. 7			Street Address 3 Whelan Road, Apt. 3-3		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. 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 Gilberta Taylor			Director Name Naomi Medina		
Street Address 7 Whelan Road, Apt. 1-6			Street Address 229 Hartford Avenue, Apt. 2		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Vivian Medina			Director Name Nilsa Hernandez		
Street Address 22 Whelan Road, Apt. 7			Street Address 3 Whelan Road, Apt. 3-3		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
9. 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 Gilberta Taylor, President				Date June 14, 2017	
Signature of Officer/Authorized Representative <i>Gilberta Taylor</i>				FILED JUN 26 2017 <i>JB306912</i>	