



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

Annual Report for the year: **2018**

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.

1. Entity ID Number 000505277		2. Exact name of the Corporation HAMPTON PLACE CONDOMINIUMS HOMEOWNERS ASSOCIATION INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF THE AFFAIRS OF A CONDOMINIUM COMPLEX			
4. NAICS Code 813990 - Other Similar Organ					
6. Principal Office Address 1285 HARTFORD AVENUE, UNIT 14		City JOHNSTON	State RI	Zip 02919	
7. 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 RI	Zip 02919	City JOHNSTON	State RI	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 RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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 FRANK J. LOMBARDI			Director Name EDWIN SEMPER		
Street Address 1285 HARTFORD AVENUE, UNIT 14			Street Address 1285 HARTFORD AVENUE, UNIT 27		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name FREDERICK GRAEFE			Director Name		
Street Address 1285 HARTFORD AVENUE, UNIT 9			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
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 FREDERICK GRAEFE				Date 6-4-2018	
Signature of Officer/Authorized Representative <i>Fredrick Graefe</i>				FILED	
				JUN 07 2018	

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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