



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.

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STATE
SECRETARY OF
CORPORATIONS
JUN 29 AM 11:19

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 Advocacy					
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 ☐					
President Name Vivian Medina		Vice-President Name Naomi Medina			
Street Address 22 Whelan Road, Apt. 7		Street Address 229 Hartford Avenue, Apt. 2			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Carlos Gonzales		Treasurer Name Nilsa Hernandez			
Street Address 256 Hartford Avenue, Apt. 6		Street Address 3 Whalen 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 ☐					
Director Name Vivian Medina		Director Name Naomi Medina			
Street Address 22 Whelan Road, Apt. 7		Street Address 229 Hartford Avenue, Apt. 2			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Carlos Gonzales		Director Name Nilsa Hernandez			
Street Address 256 Hartford Avenue, Apt. 6		Street Address 3 Whalen 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 Vivian Medina				Date June 29, 2018	
Signature of Officer/Authorized Representative <i>Vivian Medina</i> President				FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 29 2018

BY *C 26742446*

FORM 631 - Revised 11.2017