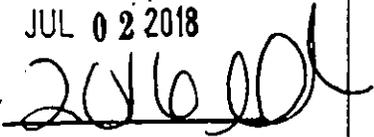




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JUL 02 2018

BY 

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 485428		2. Exact name of the Corporation Harbour Court Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management of Affairs of Harbour Court Condominium Association.			
4. NAICS Code 813910 - Business Association:					
6. Principal Office Address 79 Duke Street		City East Greenwich	State RI	Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Hamlin			Vice-President Name Russell Botvin		
Street Address 55 Oakwood Drive			Street Address 79 Duke Street, #13		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Andrew Moser			Treasurer Name Andrew Brousell		
Street Address 19 Forrest Road			Street Address 102 Queensberry Street, Apt 2		
City Topsfield	State MA	Zip 01983	City Boston	State MA	Zip 02215
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 Robert Hamlin			Director Name Russell Botvin		
Street Address 55 Oakwood Drive			Street Address 79 Duke Street, #13		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Andrew Moser			Director Name Andrew Brousell		
Street Address 19 Forrest Road			Street Address 102 Queensberry Street, Apt 2		
City Topsfield	State MA	Zip 01983	City Boston	State MA	Zip 02215
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 Robert Hamlin, President					Date 6/22/18
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

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