

RI SOS Filing Number: 202198455730

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State of Rhode Island and Providence Plantations

FILED

Department of State - Business Services Division

Annual Report for the year:

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.

JUN 17 2021

BY

1. Entity ID Number 139243		2. Exact name of the Corporation Hartford Park Resident 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 ☐					
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 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 ☐					
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 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date 6/16/21	
Signature of Officer/Authorized Representative <i>[Signature]</i>					