



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

Annual Report for the year: **2021**

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.

FILED

JUN 23 2021

B7A 155

1. Entity ID Number 000485428		2. Exact name of the Corporation Harbour Court Condominium Association, Inc.			
3. State of Incorporation RI		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 Assoc					
6. Principal Office Address 79 Duke Street		City E. Greenwich	State RI	Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name RICHARD MIGNANELLI			Vice-President Name Elizabeth Iadale		
Street Address 1099 TILLINGHAST ROAD			Street Address 79 Duke St Unit 7		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
Secretary Name David Sweet			Treasurer Name RICHARD MIGNANELLI		
Street Address 79 Duke St Unit 5			Street Address 1099 TILLINGHAST ROAD		
City E. Greenwich	State RI	Zip 02818	City E. GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name RICHARD MIGNANELLI			Director Name Elizabeth Iadale		
Street Address 1099 TILLINGHAST ROAD			Street Address 79 Duke St Unit 7		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
Director Name DAVID SWEET			Director Name		
Street Address 79 DUKE ST UNIT 5			Street Address		
City E. GREENWICH	State RI	Zip 02818	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.					
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 Carlene DeNero, Authorized Representative					Date 6/24/2021
Signature of Officer/Authorized Representative 					