



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001705209

2. Name of Corporation HARBOR VIEW HOMEOWNERS ASSOCIATION

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813910

4. Principal Office Address

No. and Street: 133 OLD TOWER HILL ROAD
SUITE 1

City or Town: WAKEFIELD

State: RI Zip: 02879 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO BE AND CONSTITUTE THE ASSOCIATION TO WHICH REFERENCE IS MADE IN THE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS, CHARGES AND LIENS IMPOSED UPON HARBOR VIEW AS MAY NOW EXIST AND AS MIGHT HAVE ALREADY OR MAY HEREINAFTER BE AMENDED, (HEREINAFTER REFERRED TO AS THE DECLARATION), ESTABLISHING A PLAN OF DEVELOPMENT AND TO BE FILED IN THE LAND EVIDENCE RECORDS OF THE TOWN OF NORTH KINGSTOWN, COUNTY OF WASHINGTON, STATE OF RHODE ISLAND, TO PERFORM ALL

OBLIGATIONS AND DUTIES OF THE ASSOCIATION, AND TO EXERCISE ALL RIGHTS AND POWERS OF THE ASSOCIATION, AS SPECIFIED THEREIN, IN THE BY-LAWS, AND AS PROVIDED BY LAW; AND TO PROVIDE AN ENTITY FOR THE FURTHERANCE OF THE INTERESTS OF THE OWNERS IN THE DEVELOPMENT.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY J. FIORE	23 WESQUAGE DR. NARRAGANSETT, RI 02882 USA
TREASURER	LISA FIORE	74 KETTLE POND DR. WAKEFIELD, RI 02879 USA
SECRETARY	LISA FIORE	74 KETTLE POND DR. WAKEFIELD, RI 02879 USA
VICE PRESIDENT	NICHOLAS FINAMORE	74 KETTLE POND DR. WAKEFIELD, RI 02879 USA
DIRECTOR	ANTHONY J. FIORE	23 WESQUAGE DR. NARRAGANSETT, RI 02882 USA
DIRECTOR	LISA FIORE	74 KETTLE POND DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	NICHOLAS FINAMORE	74 KETTLE POND DRIVE WAKEFIELD, RI 02879 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

STEPHEN B. KENYON 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD , RI 02879

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of March, 2023 at 5:07:13 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ANTHONY J. FIORE
Signature of Authorized Person

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