



State of Rhode Island
Department of State - Business Services Division

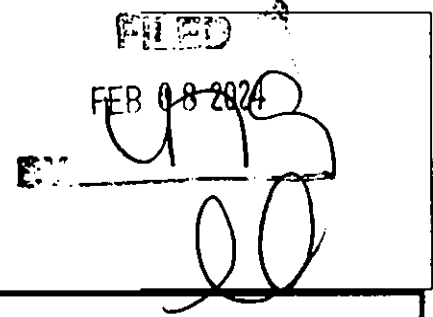
Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 001708923		2. Exact name of the Corporation Hamilton Harbour Homeowners Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide information to community members about the history of the facility, and regulate the use of recreational facilities located on the facility.	
4. NAICS Code 813990			
6. Principal Office Address 40 Web Ave		City North Kingstown	State RI
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard Mabe		Vice-President Name Derek Van Lent	
Street Address 40 Web Ave, Unit 211		Street Address 40 Web Ave, Unit 12	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name Riley Mather		Treasurer Name Kandace Salomone	
Street Address 40 Web Ave, Unit 217		Street Address 40 Web Ave, Unit 10	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
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 Buffi Wixted		Director Name Scott Dauphinee	
Street Address 40 Web Ave, Unit 8		Street Address 40 Web Ave, Unit 6	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Director Name Valerie Blansfield		Director Name	
Street Address 40 Web Ave, Unit 201		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Richard Mabe			Date 2/3/2024
Signature of Officer/Authorized Representative 			

MAIL TO:

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