



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

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.

APR 22 2025
BY

1. Entity ID Number 000139243		2. Exact name of the Corporation Hartford Park Resident Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Preserve And Protect The Residents Rights Of The Residents Of The Hartford Park Public Housing Project			
4. NAICS Code 813319					
6. Principal Office Address 335 Hartford Ave 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 Ave Apt 2		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Naiviv Ortiz			Treasurer Name Nilsa Hernandez		
Street Address 22 Whelan Road Apt 7			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 335 Hartford Ave Apt 308			Street Address 229 Hartford Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Naiviv Ortiz			Director Name Nilsa Hernandez		
Street Address 22 Whelan Road Apt 7			Street Address 3 Whelan Road Apt 3-3		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 Vivian Medina				Date 04-16-25	
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