State of Rhode Island
Department of State - Business Services Division

FILED
APR 22 2025
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000139243	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	City	State	Zip
335 Hartford Ave Apt 308	Providence	RI	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.

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
Vivian Medina	**04-16-25**

Signature of Officer/Authorized Representative: Vivian Medina

MAIL TO:
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