



**State of Rhode Island
Department of State - Business Services Division**

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25 MAY 27 AM 10:40:58

Annual Report for the year: 2022
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 001335886		2. Exact name of the Corporation 945 Hope Street Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MANAGE HOMEOWNERS ASSOCIATION OF 945 HOPE STREET CONDOMINIUMS			
4. NAICS Code 624229					
6. Principal Office Address 945 Hope Street, Unit 1			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sarah Nehama			Vice-President Name Jeffrey Clark Huggins		
Street Address 945 Hope Street, Unit 2			Street Address 945 Hope Street, Unit 1		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Kelly Huggins			Treasurer Name Kelly Huggins		
Street Address 945 Hope Street, Unit 1			Street Address 945 Hope Street, Unit 1		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Sarah Nehama			Director Name Jeffrey Clark Huggins		
Street Address 945 Hope Street, Unit 2			Street Address 945 Hope Street, Unit 1		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Kelly Huggins			Director Name		
Street Address 945 Hope Street, Unit 1			Street Address		
City Providence	State RI	Zip 02906	City	State	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Kelly Huggins				Date 5/9/2025	
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

FILED
MAY 27 2025
 BY SEBYV **EG** **10:43**
 FORM 631- Revised: 04/2023