



**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 - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001702094

2. Name of Corporation Hawthorne Condominium Association Inc.

3. State of Incorporation

State: RI

NAICS CODE

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

813990

4. Principal Office Address

No. and Street: 92 HAWTHORNE STREET

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02904

Country: USA

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

TO OPERATE A CONDO ASSOCIATION

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
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PRESIDENT	JOHN J FALVEY	92 HAWTHORNE STREET NORHT PROVIDENCE, RI 02904 USA
SECRETARY	LYNN LUCAS	90 HAWTHORNE ST NORTH PROVIDENCE, RI 02905 USA
VICE PRESIDENT	KAYLA STABILE	86 HAWTHORNE ST NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CHERYL NERSESIAN	84 HAWTHORNE ST NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL CORSI	88 HAWTHORNE ST NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ALAN LUCAS	90 HAWTHORNE ST NORTH PROVIDENCE, RI 02904 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**

JOHN FALVEY 92 HAWTHORNE STREET NORTH PROVIDENCE , RI 02904

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

Signed this 21 Day of August, 2025 at 2:25:27 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 JOHN FALVEY PRESIDENT
Signature of Authorized Person

Form No. 631
Revised 09/07

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