



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 07 2021
 BY 1314
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Annual Report for the year: 2021
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000045237		2. Exact name of the Corporation HANS CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island <i>Condominium</i>			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 22 LARK INDUSTRIAL PARKWAY		City GREENVILLE	State RI	Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JASON D'AMICO		Vice-President Name ANGELO CHIOVITTI			
Street Address 22 LARK INDUSTRIAL PARKWAY		Street Address 585 JOSLIN ROAD			
City GREENVILLE	State RI	Zip 02828	City HARRISVILLE	State RI	Zip 02830
Secretary Name MARGARET J. CHIOVITTI		Treasurer Name MARGARET J. CHIOVITTI			
Street Address 1 SHERWOOD LANE		Street Address 1 SHERWOOD LANE			
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
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 JASON D'AMICO		Director Name ANGELO CHIOVITTI			
Street Address 22 LARK INDUSTRIAL PARKWAY		Street Address 585 HARRISVILLE ROAD			
City GREENVILLE	State RI	Zip 02828	City HARRISVILLE	State RI	Zip 02830
Director Name MARGARET J. CHIOVITTI		Director Name			
Street Address 1 SHERWOOD LANE		Street Address			
City GREENVILLE	State RI	Zip 02828	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.					
<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 JASON D'AMICO				Date 06/03/21	
Signature of Officer/Authorized Representative					

MAIL TO:
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 Website: www.sos.ri.gov