



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023

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.

MAR 02 2023
 BY 1334

1. Entity ID Number 000045237		2. Exact name of the Corporation HANS CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CONDO ASSOCIATION			
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 DAMICO			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 DAMICO			Director 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
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 DAMICO				Date 01/18/2023	
Signature of Officer/Authorized Representative 					

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