RI SOS Filing Number: 200948156450 Date: 07/21/2009 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

***Matthew A. Brown**, Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: $20.00 *

**** 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.***

1. Corporate ID No.	2. Name of Corporation		
26608	Hopkinton Village Inc		
3. State of Incorporation	4. Corporate address in Rhode Island Street Address	City	Zip
Rhode Island	805 Main Street	Hope Valley	02832
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

To provide elderly and handicapped housing and related services.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Suzanne Flint	
Street Address	Street Address
86 Shannock Hill Road	
City / State / Zip	City / State / Zip
Shannock / RI / 02875	
Secretary Name	Treasurer Name
	Brenda Chalifoux
Street Address	Street Address
	89 Highview Ave.
City / State / Zip	City / State / Zip
	Hope Valley / RI / 02832

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Suzanne Flint	Brenda Chalifoux
Street Address	Street Address
86 Shannock Hill Road	89 Highview Ave.
City / State / Zip	City / State / Zip
Shannock / RI / 02875	Hope Valley / RI / 02832
Director Name	Director Name
Elizabeth Abbruzzi	
Street Address	Street Address
28 Thurston Drive	
City / State / Zip	City / State / Zip
Hope Valley / RI / 02832	

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
Address	City / Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 26608 [redacted]

FILED
File Date JUL 21 2009
Check No.
By 4733

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36131-2-404645

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.

Suzanne Flint
Signature of Officer *Date*

Treasurer
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 631 Rev. 12/05