

STATE OF R TODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _2012-

Filing Period: June 30 • This report must be typed or printed legibly.

Filing Fee \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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1	2. Exact name of	the Corporation			
26603	Hopkinton Historical Association, Inc.				
3. State of incorporation	4. Brief description of the character of business conducted in Rhode Island				
R±	Historical Society				
5. Principal office address 3.7			on Hepkitz	State	Zip 02833
a LIST MEE OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)					
President Name Kichard & Prescatt			Noraine Tarket-Arruda		
124 Woodville Road			Street Address 245 Mils Road		
Hope Vally	State T	02832	HEShaway	State 727-	2ip 02804
Marger Cohic			Treasurer Name T James Murphy		
15 Town House Road \$112			Street Address 118 Woodville Road		
City Hapkietz	State RT	^{Zip} 0み833	Hope Vally	RT.	ZIE CHE
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREETS) DIRECTORS ("X" BOX FOR ATTACHMENT)					
Theresa Present			Director Name Henry Museller 505		
Street Address 124 Wrodville G	Road		Street Address 125		HI III
City for Valy	State RI	2ip 02838-	City Hogse Vally	State	Zip Sign Sign
Director Name	1		Peter C. L. Wolfe		
Street Address Cowthers Place			15 low L House Rd. * 111		
Hype Vally	State	02837	City Hypkith	State RI	Zip 02833—
8. REGISTERED AGENT IN RHODE ISLAND V					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
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			Under penalty of periody, I deci	are and affirm t	that I have examined
File Date	<u> </u>		this report, including any according that all statements contain	mpanying sche ed herein are ti	dules and statements,
Check No		/	'AXIII A I A		774-120-1
By:			Signature of Officer		Date
•		FILED	Richard G. Pr	040	
FOR SECRETARY OF STATE U	SE ONLY		Print or Type Name of Officer	ا ياهن د	
Form No. 631 Revised: 05/2012	i	JUN 15 2012	President		
	By_	mno	Title of Officer		
	Ch	# 0998	 .		