

## 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.

				OU LINALI I	
1	2. Exact name of	the Corporation	_		
26603	Hopkinton Historical Association, Inc.				
3. State of incorporation	4. Brief description	n of the character of bu	siness 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 Mills Road		
Hope Vally	State T	02832	Hoshanky	State /2/-	Zip 02804
Maurea Cohr			Treasurer Name  James Muraht		
Street Address House Road \$112			Street Address 118 Woodville Road		
City Hopkietr	State RT	Zip 0み833	Hope Vally	State T	ZIE CEE
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE DIRECTORS ("X" BOX FOR ATTACHMENT)					
Theresa Present			Director Name Henry Museller 505		
Street Address 124 Wrodville G	Road		Street Address D Prof 125		H III
City for Valy	State RI	2ip 02838-	City Hoge Vally	State	Zip OBOSE
Director Name	1		Peter C. L. Wolfe		
Street Address Cowthers Place			15 low L House Rd. * 111		
Hype Vally	State	02837	City Hypkita	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 de	clare and affirm t	hat I have examined
File Date	<u> </u>		this report, including any acc and that all statements come	ompanying sche Ined herein are te	ddjes and statements, we and correct.
Check No		/	'AXIII A I A		77/4/2013
By:			Signature of Officer		Date
•		FILED	Richard G. P.	10.00	
FOR SECRETARY OF STATE U	SE ONLY	ILLU	Print or Type Name of Officer	+300(1	
Form No. 631 Revised: 05/2012	:	JUN 15 2012	President		
	By_	mno	Title of Officer		
	Ch	# 0998	<del></del> -		