



STATE OF RHODE 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 2011

Filing Period: June 1 - 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.

1. Entity ID No. <u>125325</u>		2. Exact name of the Corporation <u>HOPECLUB PRESERVATION FUND</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address <u>10 WEYBOSSET STREET, SUITE 1000</u>		City <u>PROVIDENCE</u>		State <u>RI</u>	Zip <u>02903</u>
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>ANGELA B. FISCHER</u>			Vice-President Name		
Street Address <u>8 HALIDON AVENUE</u>			Street Address		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name			Treasurer Name <u>J. GEDDES PARSONS</u>		
Street Address			Street Address <u>4 PALM TRAIL</u>		
City	State	Zip	City <u>HOBE SOUND</u>	State <u>FL</u>	Zip <u>33436</u>
. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>ANGELA B. FISCHER</u>			Director Name <u>J. GEDDES PARSONS</u>		
Street Address <u>8 HALIDON AVENUE</u>			Street Address <u>4 PALM TRAIL</u>		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>HOBE SOUND</u>	State <u>FL</u>	Zip <u>33436</u>
Director Name <u>DENNIS E. STARK</u>			Director Name		
Street Address <u>19 KENILWORTH WAY</u>			Street Address		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
. REGISTERED AGENT IN RHODE ISLAND					
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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BY 184256

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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.

Signature of Officer

J. GEDDES PARSONS

Print or Type Name of Officer

TREASURER

Title of Officer

Date

11-21-12