



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2640
401.222.3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 322776 2. Name of Corporation AUTUMN PARK, INC.

3. Street Address Principal Business Office 15 Gold Star Drive City Cumberland State RI Zip 02864

4. Business Phone No. 401-864-0756 5. State of Incorporation Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To sell retail and/or wholesale goods and any and all other legal purposes.

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

President Name Kathy A. Hopkinson Vice President Name Diane Dias

Street Address 14 Gold Star Drive Street Address 15 Gold Star Drive

City Cumberland State RI Zip 02864 City Cumberland State RI Zip 02864

Secretary Name Diane Dias Treasurer Name Kathy A. Hopkinson

Street Address 14 Gold Star Drive Street Address 15 Gold Star Drive

City Cumberland State RI Zip 02864 City Cumberland State RI Zip 02864

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

Director Name Kathy A. Hopkinson Director Name Diane Dias

Street Address 15 Gold Star Drive Street Address 15 Gold Star Drive

City Cumberland State RI Zip 02864 City Cumberland State RI Zip 02864

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES -- THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
MAR 01 2013

File Date

By

1057

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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.

Kathy A. Hopkinson 2/12/2013
Signature Date

Kathy A. Hopkinson
Print or Type Name

President
Title