



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 **2014**

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. 26519		2. Exact name of the Corporation Hope Associates			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-profit organization dedicated to acquiring and protecting land and water for recreational use by residents of the community and for future generations			
5. Principal office address 35 Ryefield Road (PO Box 416)		City Hope		State RI	Zip 02831
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Theodore J. Richard III		Vice-President Name Donna J. Faria			
Street Address 408 Seven Mile Road		Street Address 56 North Road			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Mary M. Morse		Treasurer Name D. Joseph D'Amico			
Street Address 404 North Road		Street Address 286 Carpenter Road			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
7. 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 Donna J. Faria		Director Name David D. Ellingwood			
Street Address 56 North Road		Street Address 23 Harrington Avenue			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name Barbara D. Colvin		Director Name Ralph Groves			
Street Address 392 Seven Mile Road		Street Address 46 Howard Avenue			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. 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

BY **1530**

FILED

JUN 02 2014

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

11/22/2013

Date

D. Joseph D'Amico

Print or Type Name of Officer

Treasurer

Title of Officer