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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 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

1. Corporate ID No	2. Name of Corporation		
509802	HOPE HISTORICAL SOCIETY		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
R.I.	304 NORTH ROAD	HOPE	R.I.
5. Foreign corporation. Enter principal office address	City	State	Zip
—	—	—	—

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island: To obtain, identify & preserve artifacts & photographs pertaining to the history of the Village of Hope, R.I. and surrounding areas.

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

President Name	Vice President Name
DAVID ELLINGWOOD, SR.	RAYMOND BORDEN
Street Address: 23 HARRINGTON AVE.	Street Address: 216 WESCOTT ROAD
City: HOPE State: R.I. Zip: 02831	City: NORTH SCITUATE State: R.I. Zip: 02857
Secretary Name	**Treasurer Name**
GLORIA SILVERMAN	CATHERINE MACDONALD
Street Address: 1 NOOSENECK HILL ROAD	Street Address: 304 NORTH ROAD
City: W. GREENWICH State: R.I. Zip: 02817	City: HOPE State: R.I. Zip: 02831

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

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
DAVID ELLINGWOOD, SR.	RAYMOND BORDEN
Street Address: 23 HARRINGTON AVE.	Street Address: 216 WESCOTT ROAD
City: HOPE State: R.I. Zip: 02831	City: NORTH SCITUATE State: R.I Zip: 02857
Director Name	**Director Name**
CATHERINE MACDONALD	ARTHUR LANGLAIS
Street Address: 304 NORTH ROAD	Street Address: 24 RESERVATION DRIVE
City: HOPE State: R.I. Zip: 02831	City: HOPE State: R.I. Zip: 02831

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 11 2014

BY 211

[redacted]

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.

Catherine MacDonald 6/9/14
Signature of Officer *Date*

CATHERINE MACDONALD
Print or Type Name of Officer

Treasurer
Title of Officer

[redacted]

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

108100-26-065258

Form 631 Rev. 09/17