



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

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. 35866		2. Exact name of the Corporation HOPKINS HILL ROAD VOLUNTEER FIRE DEPT. LADIES AUXILIARY			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO AID THE HOPKINS HILL RD. VOLUNTEER FIRE DEPT. BOTH FINANCIALLY AND SOCIALLY			
5. Principal office address 1 BESTWICK TRAIL		City COVENTRY		State RI	Zip 02816
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CARRIE MOORE		Vice-President Name CAROL DION			
Street Address 52 LORRAINE AVE		Street Address 222 HOPKINS HILL RD			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name RHONDA BURDICK		Treasurer Name KAREN E GODIN			
Street Address 18 NOELLA AVE		Street Address 23 LYDIA RD			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DENISE BROWN		Director Name MICHELE MARANDOLA			
Street Address 21 LINWOOD DR		Street Address 13 BOULDER DR			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name NANCY ST JEAN		Director Name			
Street Address 91 HELEN AVE		Street Address			
City COVENTRY	State RI	Zip 02816	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

FILED

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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.

Karen E Godin 6/30/2014
Signature of Officer or Authorized Representative Date

KAREN E GODIN

Print or Type Name of Officer or Authorized Representative