



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. 792088		2. Exact name of the Corporation Friends of the Hopkinton Land Trust			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 8 Maple St		City Hope Valley	Zip 02832
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island to support the mission of the Hopkinton Land Trust					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christine Andersm			Vice-President Name		
Street Address 8 Maple St			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name Marci Redinger			Treasurer Name Mary Gibbons		
Street Address 20 Moscow Brook Trail			Street Address 5 Maple St		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. 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 Christine Andersm			Director Name Mary Gibbons		
Street Address 8 Maple St			Street Address 5 Maple St		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Marci Redinger			Director Name Manlyn Grant		
Street Address 20 Moscow Brook Trail			Street Address 43 Spring St		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
9. 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: _____

FILED

JUL 11 2014

BY 129

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 [Signature] Date 6/23/2014

Christine Anderson
 Print or Type Name of Officer

President
 Title of Officer