



State of Rhode Island and Providence Plantations

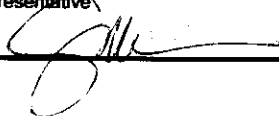
## Department of State - Business Services Division

Annual Report for the year: 2014  
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>792088</u>		2. Exact name of the Corporation <u>Friends of the Hopkinton Land Trust</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To support the mission of the Hopkinton Land Trust</u>			
5. Principal Office Address <u>8 Maple Street</u>		City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Christine Anderson</u>			Vice-President Name		
Street Address <u>8 Maple Street</u>			Street Address		
City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	City	State	Zip
Secretary Name <u>Marcia Redinger</u>			Treasurer Name <u>Martin Bide</u>		
Street Address <u>20 Moscow Brook Trail</u>			Street Address <u>76 Canonchet Driftway</u>		
City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Christine Anderson</u>			Director Name		
Street Address <u>8 Maple Street</u>			Street Address		
City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	City	State	Zip
Director Name <u>Marcia Redinger</u>			Director Name <u>Martin Bide</u>		
Street Address <u>20 Moscow Brook Trail</u>			Street Address <u>76 Canonchet Driftway</u>		
City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Christine Anderson, President</u>				Date <u>27 June 2016</u>	
Signature of Officer/Authorized Representative 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FORM 631 - Revised: 05/2016

JUN 30 2016  
BY 201 A.A.