



State of Rhode Island and Providence Plantations

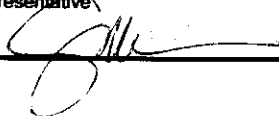
Department of State - Business Services Division

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