



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JUN 28 AM 10:38

1. Entity ID Number 923533		2. Exact name of the Corporation H. I. M. E. Association, Inc	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island A association of hotels, and we do joint market, sales and promotions	
4. NAICS Code 813920			
6. Principal Office Address 797 Bald Hill Rd, Warwick, RI 02886		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tom Spaulding		Vice-President Name Amanda Culhane	
Street Address 281 West Main St		Street Address 111 South St.	
City Warwick	State RI	City Stoughton	State MA
Zip 03818		Zip 02072	
Secretary Name Maureen Richardson		Treasurer Name Maureen Brown	
Street Address 588 Circle Drive		Street Address 23 Bayview Drive	
City W. Springfield	State MA	City St. Albans	State Vt.
Zip 01089		Zip 05478	
8. 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 Tom Spaulding		Director Name Amanda Culhane	
Street Address 281 West Main Street		Street Address 111 South Street	
City Warwick	State RI	City Stoughton	State MA
Zip 03818		Zip 02072	
Director Name Maureen Brown		Director Name	
Street Address 23 Bayview Drive		Street Address	
City St. Albans	State VT	City	State
Zip 05478		Zip	
9. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Tom Spaulding			Date 6/26/17
Signature of Officer/Authorized Representative <i>[Signature]</i>			FILED JUL 12 2017 BY <i>[Signature]</i>
SIGN DOCUMENT HERE			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov