



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

**Annual Report for the year: 2018**

**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 <b>000112160</b>		2. Exact name of the Corporation <b>Hope Furnace Estates Homeowner's Association, Inc</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Homeowner's Association</b>			
4. NAICS Code <b>813990 - Other Similar Organiz:</b>					
6. Principal Office Address <b>6 Audubon Lane</b>			City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Open</b>			Vice-President Name <b>Mary Karn</b>		
Street Address			Street Address <b>9 Audubon Lane</b>		
City	State	Zip	City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
Secretary Name <b>Open</b>			Treasurer Name <b>Robert Amalfetano</b>		
Street Address			Street Address <b>6 Audubon Lane</b>		
City	State	Zip	City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert Amalfetano</b>			Director Name <b>Mary Karn</b>		
Street Address <b>6 Audubon Lane</b>			Street Address <b>9 Audubon Lane</b>		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
Director Name <b>Katherine Mulcahey</b>			Director Name		
Street Address <b>23 Audubon Lane</b>			Street Address		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City	State	Zip
9. 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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Robert Amalfetano</b>				Date <b>5/25/2018</b>	
Signature of Officer/Authorized Representative <i>Robert Amalfetano</i>				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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FORM 631 - Revised: 11/2017