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

FILED
JUL 11 2018
BY 22176

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	2. Exact name of the Corporation
159724	Mount Hope High School Boosters Club
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Fundraising
4. NAICS Code: 813212	

6. Principal Office Address	City	State	Zip
199 Chestnut Street	BRISTOL	RI	02809

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ERIN Kopecky			Vice-President Name: TARA Thibaudeau		
Street Address: 199 Chestnut St.			Street Address: 199 Chestnut St.		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809
Secretary Name: Kimberly Bennett			Treasurer Name: Susan Rancourt		
Street Address: 199 Chestnut St.			Street Address: 199 Chestnut St.		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: ERIN KOPECKY			Director Name: TARA THIBAUDEAU		
Street Address: 199 CHESTNUT ST			Street Address: 199 CHESTNUT ST		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809
Director Name: SUSAN RANCOURT			Director Name:		
Street Address: 199 CHESTNUT ST			Street Address:		
City: BRISTOL	State: RI	Zip: 02809	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

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	Date
Christy Belisle	6/18/18

Signature of Officer/Authorized Representative: 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

FORM 631 - Revised: 11/2017