



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

STAMP

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 26606		2. Exact name of the Corporation Hopkinton Housing Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To Provide elderly and handicapped housing and related services.			
4. NAICS Code 624229 - Other Community H <input type="checkbox"/>					
6. Principal Office Address 805 Main Street		City Hope Valley	State RI	Zip 02832	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Manuel Souza		Vice-President Name Holly Knott			
Street Address 805 Main Street		Street Address 2 Bass Road			
City Hope Valley	State RI	Zip 02832	City Carolina	State RI	Zip 02812
Secretary Name Patricia Dillion		Treasurer Name Bruce Catelle			
Street Address 23 Lisa Lane		Street Address 807 Main Street			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Manuel Souza		Director Name Bruce Catelle			
Street Address 805 Main Street		Street Address 807 Main Street			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Holly Knott		Director Name Harold Blair			
Street Address 2 Bass Road		Street Address 805 Main Street			
City Carolina	State RI	Zip 02812	City Hope Valley	State RI	Zip 02832
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.					
<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 Manuel Souza					Date 7/19/18
Signature of Officer/Authorized Representative <i>Manuel Souza</i>					SIGN DOCUMENT HERE FILED

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

JUL 27 2018
 BY 2018 DS

Hopkinton Housing Association, Inc.
825 Main Street
Hope Valley, RI 02832

Additional Board of Directors

Patricia Dillon
23 Lisa Lane
Hope Valley, RI 02832

Frederick C. Eckel, Jr.
41 Grove Ave.
Westerly, RI 02891

FILED

JUL 27 2018

BY

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