



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.

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number <b>26608</b>		2. Exact name of the Corporation <b>Hopkinton Village, Inc.</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island <b>To Provide elderly and handicapped housing and related services.</b>			
4. NAICS Code 624229 - Other Community H <input type="checkbox"/>					
6. Principal Office Address <b>805 Main Street</b>			City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</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>Suzanne Flint</b>			Vice-President Name		
Street Address <b>86 Shannock Hill Road</b>			Street Address		
City <b>Shannock</b>	State <b>RI</b>	Zip <b>02875</b>	City	State	Zip
Secretary Name			Treasurer Name <b>James M. Dillion, Jr.</b>		
Street Address			Street Address <b>23 Lisa Lane</b>		
City	State	Zip	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</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>Elizabeth Abbruzzi</b>			Director Name <b>Suzanne Flint</b>		
Street Address <b>28 Thurston Drive</b>			Street Address <b>86 Shannock Hill road</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Shannock</b>	State <b>RI</b>	Zip <b>02875</b>
Director Name			Director Name <b>James M. Dillion, Jr.</b>		
Street Address			Street Address <b>23 Lisa Lane</b>		
City	State	Zip	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
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>JAMES M DILLON JR</b>					Date <b>7/19/18</b>
Signature of Officer/Authorized Representative <i>James M. Dillion</i>					<b>FILED</b>

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 1033 DS