



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

Annual Report for the year: **2019**

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.

FILED

JUN 14 2019

00742-22668

1. Entity ID Number 125325		2. Exact name of the Corporation HOPE CLUB PRESERVATION FUND			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PRESERVE AND MEMORIALIZE THE HISTORY AND ARCHITECTURE OF THE STATE OF RI WITH PARTICULAR REFERENCE TO THE HOPE CLUB IN PROVIDENCE			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 10 WEYBOSSET STREET, SUITE 1000			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KINNAIRD HOWLAND			Vice-President Name		
Street Address 55A HIGH STREET			Street Address		
City DARTMOUTH	State MA	Zip 02748	City	State	Zip
Secretary Name J. GEDDES PARSONS			Treasurer Name		
Street Address 4 PALM TRAIL			Street Address		
City HOBE SOUND	State FL	Zip 33436	City	State	Zip
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 KINNAIRD HOWLAND			Director Name J. GEDDES PARSONS		
Street Address 55A HIGH STREET			Street Address 4 PALM TRAIL		
City DARTMOUTH	State MA	Zip 02748	City HOBE SOUND	State FL	Zip 33436
Director Name DENNIS E. STARK			Director Name		
Street Address 19 KENILWORTH WAY			Street Address		
City PAWTUCKET	State RI	Zip 02840	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.					
<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 J. GEDDES PARSONS					Date 6-11-19
Signature of Officer/Authorized Representative 					

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