



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

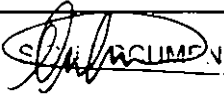
Annual Report for the year: **2020**
Non-Profit Corporation

- 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 08 2020

1517

1. Entity ID Number 000500185		2. Exact name of the Corporation Hope Street Merchant's Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide support and services to businesses located in the Hope Street Neighborhood in the City of Providence.			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 804 Hope Street			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Susan D. Benzuly			Vice-President Name Elise Mischel		
Street Address 769A Hope Street			Street Address 782 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Kim Clark			Treasurer Name Line Daems		
Street Address 769 Hope Street			Street Address 804 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Susan D. Benzuly			Director Name Elise Mischel		
Street Address 769A Hope Street			Street Address 782 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Kim Clark			Director Name Line Daems		
Street Address 769 Hope Street			Street Address 804 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 LINE DAEMS				Date 6/2/2020	
Signature of Officer/Authorized Representative 				ACCOMPLISH HERE	

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