

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

**FILED**

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

JUL 30 2020  
 BY 205445718  
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- 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 <b>125325</b>		2. Exact name of the Corporation <b>HOPE CLUB PRESERVATION FUND</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PRESERVE AND MEMORIALIZE THE HISTORY AND ARCHITECTURE OF THE STATE OF RI WITH PARTICULAR REFERENCE TO THE HOPE CLUB IN PROVIDENCE</b>			
4. NAICS Code <b>813910 - Business Assoc</b>					
6. Principal Office Address <b>10 WEYBOSSET STREET, SUITE 1000</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (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>					
President Name <b>KINNAIRD HOWLAND</b>			Vice-President Name		
Street Address <b>55A HIGH STREET</b>			Street Address		
City <b>DARTMOUTH</b>	State <b>MA</b>	Zip <b>02748</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>KINNAIRD HOWLAND</b>			Director Name <b>S. Gerard Parsons</b>		
Street Address <b>55A HIGH STREET</b>			Street Address <b>4 Palm Trail</b>		
City <b>DARTMOUTH</b>	State <b>MA</b>	Zip <b>02748</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Dennis E. Stark</b>			Director Name		
Street Address <b>19 Kenilworth way</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	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.					
<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>KINNAIRD HOWLAND</b>				Date <b>7/13/20</b>	
Signature of Officer/Authorized Representative <i>Kinnaird Howland</i>					

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