



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAY 21 A 9 31

1. Entity ID Number 000026579		2. Exact name of the Corporation Hope Valley grange #7 & Community Center INC			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Local Grange Hall & Community Center			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 1116 Main Street		City Hope Valley	State RI	Zip 02832	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Apice		Vice-President Name Lester Davis			
Street Address 38 Canonchet Driftway		Street Address 38A canonchet Driftway			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Robin Angell		Treasurer Name Gary Burdick			
Street Address 38 Canonchet Driftway		Street Address Rt 216			
City Hope Valley	State ri	Zip 02832	City Bradford	State RI	Zip 02833
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 Steven Holester		Director Name William Knight			
Street Address 12 South Wood Drive		Street Address 240 Asylem Road			
City Wakefield	State RI	Zip 02879	City Warwick	State RI	Zip 02883
Director Name Lester Davis		Director Name			
Street Address 38A Canonchet Driftway		Street Address			
City Hope Valley	State RI	Zip 02832	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Anthony Apice / President				Date May, 17, 2021	
Signature of Officer/Authorized Representative 					

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MAIL TO:
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 Website: www.sos.ri.gov