



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000026549

2. Name of Corporation HOPE LIBRARY ASSOCIATION

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 374 NORTH ROAD

City or Town: HOPE

State: RI

Zip: 02831

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

LIBRARY

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	TAMMY TILL	70 CARPENTER RD. FOSTER, RI 02825 USA
DIRECTOR	EILEEN GODBOUT	61 CRANBERRY DR. HOPE, RI 02831 USA
PRESIDENT	BRENDA GARDINER	71 CRANBERRY DR. HOPE, RI 02831 USA
DIRECTOR	LINDA LEE DELUCA	206 HOWARD AVE. HOPE, RI 02831 USA
DIRECTOR	DONNA FARIA	282 GLEANER CHAPEL RD. NORTH SCITUATE, RI 02857 USA
DIRECTOR	SIOBHAN MUMFORD	141 BETTY POND RD. SCITUATE, RI 02831 USA
DIRECTOR	CANDIE COLLINS	151 FRANKLIN RD. FOSTER, RI 02825 USA
DIRECTOR	PAULA DIBIASE	53 HILLSIDE AVE. COVENTRY, RI 02816 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PAULA J. DIBIASE 374 NORTH ROAD HOPE , RI 02831

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of June, 2021 at 1:35:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PAULA DIBIASE
Signature of Authorized Person

Form No. 631
Revised 09/07