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State of Rhode Island and Providence Plantations
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.

FILED
JUN 28 2021
BY: A327

1. Entity ID Number	2. Exact name of the Corporation
509802	Hope Historical Society
3. State of Incorporation: R. I.	5. Brief description of the character of business conducted in Rhode Island: To collect/preserve historical data re the Hope Village area, to be used to inform, educate citizens, schools, etc., of its valuable contributions to history.
4. NAICS Code: 81341	

6. Principal Office Address	City	State	Zip
P. O. Box 75	Hope	R.I.	02831

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
David Ellingwood, Sr.	Raymond S. Borden
Street Address: 23 Harrington Avenue	Street Address: 216 Westcott Road
City: Hope, State: R.I., Zip: 02831	City: Scituate, State: R.I., Zip: 02857
Secretary Name	**Treasurer Name**
Constance Cole	Catherine MacDonald
Street Address: 781 Washington Street	Street Address: 304 North Road
City: Coventry, State: R.I., Zip: 02816	City: Hope, State: R.I., Zip: 02831

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment XXX

Director Name	Director Name
David Ellingwood, Sr.	Raymond S. Borden
Street Address: 23 Harrington Avenue	Street Address: 216 Westcott Road
City: Hope, State: R.I., Zip: 02831	City: Scituate, State: R.I., Zip: 02857
Director Name	**Director Name**
Catherine MacDonald	Regina Sprague
Street Address: 304 North Road	Street Address: 11 Whisper Court
City: Hope, State: R.I., Zip: 02831	City: West Warwick, State: R.I., Zip: 02893

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.

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

Name of Officer/Authorized Representative	Date
Catherine MacDonald, Treasurer	6-24-21

Signature of Officer/Authorized Representative: Catherine MacDonald Treasurer SIGN DOCUMENT HERE

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

FORM 631 - Revised: 06/2017

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Street Address	Street Address
City / State / Zip	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 **MUST** list at least **THREE** directors.
XX-ADDITIONAL BOARD OF DIRECTORS — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Constance Cole	781 Washington Street	Coventry	R.I.	02816
Gloria Silverman	1 Nooseneck Hill Road	W. Greenwich	R.I.	02817
Kregg Shank	33 Julie Court	W. Greenwich	R.I.	02817
Donald Carpenter	93 Tower Road	West Warwick	R.I.	02893

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Name of Officer/Authorized Representative	Date
Catherine MacDonald, Treasurer	6-24-21

Signature of Officer/Authorized Representative: Catherine MacDonald - Treasurer SIGN DOCUMENT HERE

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