State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2010**

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL -9 AM 8:48

1. Entity ID Number	2. Exact name of the Corporation
0026567	**Hope Sanitary Association**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide and maintain a sewage disposal system installed in the Village of Hope by the former owners of the Mill property.
4. NAICS Code: 624229 - Other Community H	

6. Principal Office Address	City	State	Zip
P.O. Box 24	Hope	RI	02831

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

President Name: Joseph DaSilva			Vice-President Name: John P. Chevalier		
Street Address: 7 Mill Street			Street Address: 21 Mill Street		
City: Hope	State: RI	Zip: 02831	City: Hope	State: RI	Zip: 02831
Secretary Name: Myriam Settler			Treasurer Name: Cheryl Palmieri		
Street Address: 38 Main Street, P.O. Box 103			Street Address: 18 Mill Street		
City: Hope	State: RI	Zip: 02831	City: Hope	State: RI	Zip: 02831

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

Director Name: Joseph DaSilva			Director Name: John P. Chevalier		
Street Address: 7 Mill Street			Street Address: 21 Mill Street		
City: Hope	State: RI	Zip: 02831	City: Hope	State: RI	Zip: 02831
Director Name: Myriam Settler			Director Name:		
Street Address: 38 Main Street, P.O. Box 103			Street Address:		
City: Hope	State: RI	Zip: 02831	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.

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
Cheryl Palmieri	7/1/2021

Signature of Officer/Authorized Representative: Cheryl Palmieri

FILED
JUL 09 2021
BY 3GG4
8:59 A.M.

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: 08/2020