

Annual Report for the year: **1999**

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 JUL -9 AM 8:47

1. Entity ID Number 0026567		2. Exact name of the Corporation 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 P.O. Box 24		City Hope		State RI	Zip 02831
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Carl Anderson			Vice-President Name William R. Lundin		
Street Address 13 Goddard Street			Street Address 38 Main Street, P.O. Box 103		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name William R. Lundin			Treasurer Name Carl Anderson		
Street Address 38 Main Street, P.O. Box 103			Street Address 13 Goddard 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 John P. Chevalier			Director Name Thomas Skurka		
Street Address 21 Mill Street			Street Address 91 Hill Street		
City Hope	State RI	Zip 02831	City Coventry	State RI	Zip 02816
Director Name Carl Anderson			Director Name		
Street Address 13 Goddard Street			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 <i>Cheryl Palmieri</i>				Date 7/1/2021	
Signature of Officer/Authorized Representative <i>Cheryl Palmieri</i>					

FILED

JUL 09 2021
BY *30604* *10* 8:48 A-M