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.

FILED STAMP
JUL 21 2021
BY 1050

1. Entity ID Number	2. Exact name of the Corporation
26608	**Hopkinton Village, Inc.**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide elderly and handicapped housing and related services.
4. NAICS Code: 624229 - Other Community H	

6. Principal Office Address	City	State	Zip
805 Main Street	Hope Valley	RI	02832

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

President Name: Holly Knot			Vice-President Name: Carol Kenahan		
Street Address: 57 Tomaquag Road			Street Address: 807 Main Street Apt. A4		
City: Bradford	State: RI	Zip: 02808	City: Hope Valley	State: RI	Zip: 02832
Secretary Name: Harry Mathewson			Treasurer Name: James Dillon		
Street Address: 807 Main Street D2			Street Address: 23 Lisa Lane		
City: Hope Valley	State: RI	Zip: 02832	City: Hope Valley	State: RI	Zip: 02832

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

Director Name: Holly Knot			Director Name: Bruce Catelle		
Street Address: 57 Tomaquag Road			Street Address: 807 Main Street		
City: Bradford	State: RI	Zip: 02808	City: Hope Valley	State: RI	Zip: 02832
Director Name: Harry Mathewson			Director Name: Carol Kenahan		
Street Address: 807 Main Street D2			Street Address: 807 Main Street A4		
City: Hope Valley	State: RI	Zip: 02832	City: Hope Valley	State: RI	Zip: 02832

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
Holly Knott acting President	7/15/2021

Signature of Officer/Authorized Representative: Holly M Knott

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