



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP
FEB 25 2022

BY

1. Entity ID Number 001693638		2. Exact name of the Corporation Hopkins Hill Road Corporation			
3. Principal Office Address 20 Oakdale Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Other activities related to real estate.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Norman E. Carpenter, Jr.			Vice-President Name		
Street Address 45 Hazard Road			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name David Carpenter			Treasurer Name David Carpenter		
Street Address 45 Hazard road			Street Address 45 Hazard Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Norman E. Carpenter, Jr.			Director Name David Carpenter		
Street Address 45 Hazard Road			Street Address 45 Hazard Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative David Carpenter				Date 2-15-2022	
Signature of Authorized Representative 				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