



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

JAN 25 2023

BY *[Signature]*

Annual Report for the year:

Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|  |                    |  |                                 |
|--|--------------------|--|---------------------------------|
| 1. Entity ID Number<br><b>000026603</b>  |                    | 2. Exact name of the Corporation<br><b>Hopkinton Historical Association, Inc.</b>  |                                 |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>Education of the public about the history of our community</b> |                                 |
| 4. NAICS Code<br><b>813319</b>   |                    |  |                                 |
| 6. Principal Office Address<br><b>2 TownHowe Road PO Box 37</b>  |                    | City<br><b>Hopkinton</b>   | State<br><b>RI</b>              |
|  |                    | Zip<br><b>02833</b>  |                                 |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |                                 |
| President Name<br><b>LORRAINE ARRUDA</b>   |                    | Vice-President Name<br><b>Thad Ayazides</b>  |                                 |
| Street Address<br><b>245 Collins Road</b>  |                    | Street Address<br><b>259 Collins Road</b>  |                                 |
| City<br><b>Ashaway</b>   | State<br><b>RI</b> | Zip<br><b>02804</b>  | City<br><b>Ashaway</b>          |
|  |                    |  | State<br><b>RI</b>              |
|  |                    |  | Zip<br><b>02804</b>             |
| Secretary Name<br><b>MARtha BATON</b>  |                    | Treasurer Name<br><b>Barbara</b>   |                                 |
| Street Address<br><b>245 Spring street</b>   |                    | Street Address<br><b>8 Lynn Lane</b>   |                                 |
| City<br><b>Hope Valley</b>   | State<br><b>RI</b> | Zip<br><b>02832</b>  | City<br><b>Ashaway</b>          |
|  |                    |  | State<br><b>RI</b>              |
|  |                    |  | Zip<br><b>02804</b>             |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |  |                                 |
| Director Name<br><b>Donald Panciera</b>  |                    | Director Name<br><b>James Chabot</b>   |                                 |
| Street Address<br><b>213 Collins Road PO Box 214</b>   |                    | Street Address<br><b>342 Woodville Road</b>  |                                 |
| City<br><b>Ashaway</b>   | State<br><b>RI</b> | Zip<br><b>02804</b>  | City<br><b>Ashaway</b>          |
|  |                    |  | State<br><b>RI</b>              |
|  |                    |  | Zip<br><b>02804</b>             |
| Director Name<br><b>Christina Lavigne</b>  |                    | Director Name  |                                 |
| Street Address<br><b>148 Maxson Hill Road</b>  |                    | Street Address   |                                 |
| City<br><b>Ashaway</b>   | State<br><b>RI</b> | Zip<br><b>02804</b>  | City                            |
|  |                    |  | State                           |
|  |                    |  | Zip                             |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                    |  |                                 |
| <b>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.</b>      |                    |  |                                 |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>  |                    |  |                                 |
| Name of Officer/Authorized Representative<br><b>LORRAINE ARRUDA</b>  |                    |  | Date<br><b>January 24, 2023</b> |
| Signature of Officer/Authorized Representative<br><b>Lorraine Arruda</b>   |                    |  |                                 |