



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 000026603		2. Exact name of the Corporation Hopkinton Historical Association, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Education of the public about the history of our community	
4. NAICS Code 813319			
6. Principal Office Address 2 TownHowe Road PO Box 37		City Hopkinton	State RI
		Zip 02833	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LORRAINE ARRUDA		Vice-President Name Thad Ayazides	
Street Address 245 Collins Road		Street Address 259 Collins Road	
City Ashaway	State RI	Zip 02804	City Ashaway
			State RI
			Zip 02804
Secretary Name MARtha BATON		Treasurer Name Barbara	
Street Address 245 Spring street		Street Address 8 Lynn Lane	
City Hope Valley	State RI	Zip 02832	City Ashaway
			State RI
			Zip 02804
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Donald Panciera		Director Name James Chabot	
Street Address 213 Collins Road PO Box 214		Street Address 342 Woodville Road	
City Ashaway	State RI	Zip 02804	City Ashaway
			State RI
			Zip 02804
Director Name Christina Lavigne		Director Name	
Street Address 148 Maxson Hill Road		Street Address	
City Ashaway	State RI	Zip 02804	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.			
<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 LORRAINE ARRUDA			Date January 24, 2023
Signature of Officer/Authorized Representative Lorraine Arruda			