



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR 10 PM 2:39

1. Entity ID Number 509801		2. Exact name of the Corporation Hope Historical Society			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To collect & preserve historical data of the Hope village area, to be used to inform and educate citizens/schools, etc of it s valuable contributions to history.			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address PO Box 75			City Hope	State RI	Zip 02831
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Ellingwood Sr			Vice-President Name Raymond S borden		
Street Address 23 Harrington Ave			Street Address 216 Westcott Rd		
City Hope	State RI	Zip 02831	City Scituate	State RI	Zip 02857
Secretary Name Constance Cole			Treasurer Name Laurie Simpson		
Street Address 781 Washington St			Street Address 396 North Rd		
City Coventry	State RI	Zip 02816	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 <input type="checkbox"/>					
Director Name *Donald Carpenter			Director Name *Regina Sprague		
Street Address 93 Tower Rd			Street Address 11 Whisper Ct		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name *Kregg Shank			Director Name *Additional Board of Directors		
Street Address 33 Julie Ct			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative David Ellingwood Sr				Date 03/07/2023	
Signature of Officer/Authorized Representative <i>David Ellingwood Sr president</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAR 10 2023
 BY 372 AA
 FORM 631 - Revised: 2/2023