



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

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

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 RI DEPT. OF STATE
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1. Entity ID Number 00149663		2. Exact name of the Corporation Hope Farms Homeowners Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Acquiring real estate in Cranston, RI to be used for recreational, conservation or development purposes.			
4. NAICS Code 813990					
6. Principal Office Address 108 Appian Way		City Smithfield	State RI	Zip 02917	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Frank Simonelli		Vice-President Name			
Street Address 108 Appian Way		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Frank Simonelli		Director Name Frank P. Simonelli, Jr.			
Street Address 108 Appian Way		Street Address 108 Appian Way			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Maria Simonelli		Director Name			
Street Address 108 Appian Way		Street Address			
City Smithfield	State RI	Zip 02917	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 Frank Simonelli				Date 4/13/23	
Signature of Officer/Authorized Representative <i>Frank Simonelli</i>				FILED	

APR 13 2023
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