



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

Annual Report for the year: 2021  
 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.

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 RI DEPT. OF STATE  
 BUSINESS

2023 APR 13 12 3 16

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

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

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