

**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023:** 2023**1. Corporate ID No.** 000026606**2. Name of Corporation** Hopkinton Housing Association, Inc.**3. State of Incorporation**State: RI**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624229**4. Principal Office Address**No. and Street: 805 MAIN STREETCity or Town: HOPE VALLEYState: RIZip: 02832Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO PROVIDE ELDERLY AND HANDICAPPED HOUSING AND RELATED SERVICES**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	HOLLY KNOTT	57 TOMAQUAG ROAD BRADFORD, RI 02808 USA
TREASURER	BRUCE CATELLE	807 MAIN STREET HOPE VALLEY, RI 02832 USA
SECRETARY	PATRICIA DILLON	23 LISA LANE HOPE VALLEY, RI 02832 USA
DIRECTOR	HOLLY KNOTT	57 TOMAQUAG RD BRADFORD, RI 02808 USA
DIRECTOR	PATRICIA DILLON	23 LISA LANE HOPE VALLEY, RI 02832 USA
DIRECTOR	BRUCE CATELLE	807 MAIN STREET HOPE VALLEY, RI 02832 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHRISTINE LEVY 402 PONTIAC AVENUE CRANSTON , RI 02910

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 25 Day of April, 2023 at 4:02:30 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By WILLIAM J. CANNING  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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