



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

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.

FEB 20, 2024

BY 1156

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 and preservation of our historic past for our community	
4. NAICS Code 813319			
6. Principal Office Address 2 Town House Road PO Box 37		City Hopkinton	State RI
		Zip 02833	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name LORRAINE ARRUDA		Vice-President Name THAD AYAZIDES	
Street Address 245 Collins Road		Street Address 259 COLLINS ROAD	
City Ashaway	State RI	City Ashaway	State RI
Zip 02804		Zip 02804	
Secretary Name Martha Baton		Treasurer Name Barbara Capalbo	
Street Address 245 Spring Street		Street Address 8 LYNN LANE	
City HOPE VALLEY	State RI	City Ashaway	State RI
Zip 02832		Zip 02833	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	City Ashaway	State RI
Zip 02804		Zip 02804	
Director Name CHRISTINA LAVIGNE		Director Name	
Street Address 148 MAXSON HILL ROAD		Street Address	
City Ashaway	State RI	City	State
Zip 02804		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative LORRAINE ARRUDA			Date Feb 15, 2024
Signature of Officer/Authorized Representative Lorraine Arruda			

## MAIL TO:

Division of Business Services

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