



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Non-Profit Corporation

FEB 20, 2024
BY [Signature] 1156

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

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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LORRAINE ARRUDA			Vice-President Name THAD AYAZIDES		
Street Address 245 Collins Road			Street Address 259 COLLINS ROAD		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	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	Zip 02832	City Ashaway	State RI	Zip 02833
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 PANCIERA			Director Name JAMES CHABOT		
Street Address 213 Collins Road PO Box 214			Street Address 342 Woodville Road		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Director Name CHRISTINA LAVIGNE			Director Name		
Street Address 148 MAXSON HILL ROAD			Street Address		
City Ashaway	State RI	Zip 02804	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.					
<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 LORRAINE ARRUDA				Date FEB 15, 2024	
Signature of Officer/Authorized Representative Lorraine Arruda					

MAIL TO:
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