



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

REC'D: RIDOS BSD  
24 MAY 3 AM 11:44:3

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.

1. Entity ID Number <u>000024567</u>	2. Exact name of the Corporation <u>Hope Sanitary Association Inc.</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>To provide and maintain a sewage disposal system</u> <u>Title: 7-6</u>
4. NAICS Code <u>624229</u>	

6. Principal Office Address <u>P.O. Box 24 Hope RI 02831</u>	City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>CURT DESAUVELS</u>			Vice-President Name <u>Charles Collins</u>		
Street Address <u>6 Mill Street P.O. Box 19</u>			Street Address <u>224 B Central Pike</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>North Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Secretary Name <u>Renee McInnis</u>			Treasurer Name <u>Myriam Stettler</u>		
Street Address <u>3 Brown Street</u>			Street Address <u>38 Main Street P.O. Box 103</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>CURT DESAUVELS</u>			Director Name <u>Charles Collins</u>		
Street Address <u>6 Mill Street P.O. Box 19</u>			Street Address <u>224 B Central Pike</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>North Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Director Name <u>Renee McInnis</u>			Director Name <u>Myriam Stettler</u>		
Street Address <u>3 Brown Street</u>			Street Address <u>38 Main Street P.O. Box 103</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>

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 <u>CURT DESAUVELS</u>	Date <u>5-3-24</u>
Signature of Officer/Authorized Representative 	FILED MAY - 8 2024 BY <u>173</u>

MAIL TO:  
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Website: www.sos.ri.gov