



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

**Annual Report for the year: 2023**

**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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SECRETARY OF STATE  
CORPORATIONS DIV

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1. Entity ID Number <b>001735320</b>		2. Exact name of the Corporation <b>FRIENDS OF HAMILTON HARBOUR</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Support for the historic property and mill buildings known as Hamilton Harbour in the Hamilton Historic District of North Kingstown, RI</b>			
4. NAICS Code <b>83390</b>					
6. Principal Office Address <b>40 Web Ave Apt 120</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Susan McMullen</b>			Vice-President Name		
Street Address <b>40 Web Ave, Apt 120</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>Lola Gordon</b>			Treasurer Name <b>Valerie Blansfield</b>		
Street Address <b>11 Mashpee Dr</b>			Street Address <b>40 Web Ave Apt 201</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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 <b>Susan McMullen</b>			Director Name <b>Lola Gordon</b>		
Street Address <b>40 Web Ave, Apt 120</b>			Street Address <b>11 Mashpee Dr</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
Director Name <b>Valerie Blansfield</b>			Director Name		
Street Address <b>40 Web Ave Apt 201</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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>					
<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 <b>Susan McMullen</b>					Date <b>6/5/2024</b>
Signature of Officer/Authorized Representative <i>Susan McMullen</i>					<b>FILED</b>

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