



**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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2024 JUN 17 PM 3:52

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

JUN 17 2024

BY 97022 3:53
AL

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov