



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI SOS BSD
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MP

1. Entity ID Number 322776		2. Exact name of the Corporation AUTUMN PARK, INC.			
3. Principal Office Address 15 Gold Star Drive			City Cumberland	State RI	Zip 02864
4. NAICS Code 453220		6. Brief description of the character of business conducted in Rhode Island TO SELL RETAIL AND/OR WHOLESALE GOODS AND ANY AND ALL OTHER LEGAL PURPOSES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Kathy . Hopkinson			Vice-President Name Diane Dias		
Street Address 15 Gold Star Drive			Street Address 15 Gold Star Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Diane Dias			Treasurer Name Kathy Hopkinson		
Street Address 15 Gold Star Drive			Street Address 15 Gold Star Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Kathy A. Hopkinson			Director Name Diane Dias		
Street Address 15 Gold Star Drive			Street Address 15 Gold Star Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/STYLES	PAR VALUE 0.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Kathy A. Hopkinson			FILED	Date 3/18/2025	
Signature of Authorized Representative <i>Kathy A Hopkinson</i>			APR 15 2025 FT3m9		

MAIL TO:
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