State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation
322776	AUTUMN PARK, INC.

3. Principal Office Address	City	State	Zip
15 Gold Star Drive	Cumberland	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
453220	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	Vice-President Name
Kathy . Hopkinson	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	Director Name
Kathy A. Hopkinson	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		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	FILED	Date
Kathy A. Hopkinson	Kathy A. Hopkinson	3/18/2025

Signature of Authorized Representative		
Kathy A. Hopkinson	APR 15 2025 BY FT3M9	

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

FORM 630- Revised: 12/2023