



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: **2025**

Non-Profit Corporation

→ Filing period: February 1 - May 1

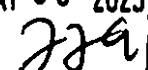
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001750518		2. Exact name of the Corporation Hotpoint Emporium Artist Collaborative			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non profit organization of artists dedicated to showcasing the work of its members.			
4. NAICS Code 711510					
6. Principal Office Address 39 STATE STREET		City BRISTOL		State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Danielle Whalen			Vice-President Name Jayne Raphael		
Street Address 36 Regina Drive			Street Address 63 Babcock St		
City North Scituate	State ri	Zip 02857	City Brookline	State MA	Zip 02446
Secretary Name Samantha Kravitz			Treasurer Name John Powers		
Street Address 6 Elton Rd			Street Address 5 Mara Ln		
City Barrington	State RI	Zip 02806	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Mary Beth Dugan			Director Name Geraldine Purcell		
Street Address 49 McCormick Rd			Street Address 732 Main St		
City Newport	State RI	Zip 02840	City Warren	State RI	Zip 02885
Director Name Melonie Massa			Director Name NONE		
Street Address 51 Smith St			Street Address		
City Bristol	State RI	Zip 02809	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 John Powers				Date 05-29-2025	
Signature of Officer/Authorized Representative 					

FILED

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

MAY 30 2025
BY 
FORM 631 - Revised 12/2023