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	2. Exact name of the Corporation
001750518	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	City	State	Zip
39 STATE STREET	BRISTOL	RI	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
John Powers	**05-29-2025**

Signature of Officer/Authorized Representative: John Powers

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

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FORM 631- Revised 12/2023