

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

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1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
161054	Mount Hope Community Yoga					
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address City			Zip	
Rhode Island	155 South	Main Street, Suite 30	1	Providence	02903	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chai	racter of the affairs whic	b are actually conducted in Ri	hode Island	I		
Teaching and promoting	g the practice of y	oga as both a physical	and spiritual discipline.			
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [ FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Ralph M. Kinder			Margaret Lopez & Elizabeth K. Kinder			
Street Address			Street Address			
155 South Main Street, Suite 301			See Below			
City	State	Zip	City	State	Zip	
Providence	RI	02903				
Secretary Name			Treasurer Name			
Ralph M. Kinder			Ralph M. Kinder			
Street Address			Street Address	<u></u>		
155 South Main Street, Suite 301			155 South Main Street, Suite 301			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
			ATTACHMENT) FILL IN SPA			
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THE	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Elizabeth K. Kinder			Ralph M. Kinder			
Street Address			Street Address			
157 Rochambeau Avenue			155 South Main Street, Suite 301			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02903	
Director Name			Director Name		•	
Margaret Lopez						
Street Address			Street Address			
1315 Gold Avenue, S	SW					
City	State	Zip	City	State	Zip	
Alberquerque	NM	87102	l			
9. REGISTERED AGENT	I IN RHODE ISLAI	ND				
This information is curre	ntly of record in the	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
This report	must be signed by	either the President Vic	e President Secretary Assista	ant Secretary Treasurer Re-	ceiver or Trustee	

<b>–</b> 16105
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File Date FIED	
Check No. MAY 1 5 20	09
By: D. 10+1	211
FOR SECRETARY OF STATE	TE USE ONLY

Under penalty of perjury, I declare and report, including any accompanying sch statements ontained herein are true and	edules and statements, and that all
Signature of Officer	Date
Ralph M. Kinder	
Print or Type Name of Officer	
President	
Title of Officer	
	Form 631 Rev. 09/17