



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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.

|                                                                                                                                                                                                            |                    |                                                                                 |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------|---------------------|
| 1. Corporate ID No.<br><b>32709</b>                                                                                                                                                                        |                    | 2. Name of Corporation<br><b>The Faith and Hope Baptist Church</b>              |                     |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                                                     |                    | 4. Corporate address in Rhode Island - Street Address<br><b>93 STANWOOD ST.</b> |                     |
|                                                                                                                                                                                                            |                    | City<br><b>Providence</b>                                                       | Zip<br><b>02907</b> |
| 5. Foreign corporation. Enter principal office address                                                                                                                                                     |                    | City                                                                            | State               |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br><b>Church - worship, Bible teaching + TRAINING in the Gospel of Jesus<br/>Also COMMUNITY service.</b> |                    |                                                                                 |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                          |                    |                                                                                 |                     |
| President Name<br><b>Rev John H. Slager</b>                                                                                                                                                                |                    | Vice President Name<br><b>Rev William Jones</b>                                 |                     |
| Street Address<br><b>98 STANWOOD ST</b>                                                                                                                                                                    |                    | Street Address<br><b>7 AVON ST</b>                                              |                     |
| City<br><b>Providence</b>                                                                                                                                                                                  | State<br><b>RI</b> | City<br><b>Providence</b>                                                       | State<br><b>RI</b>  |
| Zip<br><b>02907</b>                                                                                                                                                                                        |                    | Zip<br><b>02909</b>                                                             |                     |
| Secretary Name<br><b>LINDA JONES</b>                                                                                                                                                                       |                    | Treasurer Name<br><b>GEORGIA MOODY</b>                                          |                     |
| Street Address<br><b>7 AVON ST</b>                                                                                                                                                                         |                    | Street Address<br><b>43 MOORE ST</b>                                            |                     |
| City<br><b>Providence</b>                                                                                                                                                                                  | State<br><b>RI</b> | City<br><b>Providence</b>                                                       | State<br><b>RI</b>  |
| Zip<br><b>02909</b>                                                                                                                                                                                        |                    | Zip<br><b>02907</b>                                                             |                     |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                         |                    |                                                                                 |                     |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23                                                                                         |                    |                                                                                 |                     |
| Director Name<br><b>RAYMOND WASHINGTON</b>                                                                                                                                                                 |                    | Director Name<br><b>SUSAN SLAGER</b>                                            |                     |
| Street Address<br><b>29 ROWAN ST</b>                                                                                                                                                                       |                    | Street Address<br><b>98 STANWOOD ST</b>                                         |                     |
| City<br><b>Providence</b>                                                                                                                                                                                  | State<br><b>RI</b> | City<br><b>Providence</b>                                                       | State<br><b>RI</b>  |
| Zip<br><b>02908</b>                                                                                                                                                                                        |                    | Zip<br><b>02907</b>                                                             |                     |
| Director Name<br><b>SYLVIA REANEY</b>                                                                                                                                                                      |                    | Director Name<br><b>JAMES MOODY</b>                                             |                     |
| Street Address<br><b>36 PAINC AVE</b>                                                                                                                                                                      |                    | Street Address<br><b>43 MOORE ST</b>                                            |                     |
| City<br><b>CRANSTON</b>                                                                                                                                                                                    | State<br><b>RI</b> | City<br><b>Providence</b>                                                       | State<br><b>RI</b>  |
| Zip<br><b>02910</b>                                                                                                                                                                                        |                    | Zip<br><b>02907</b>                                                             |                     |
| 9. REGISTERED AGENT IN RHODE ISLAND                                                                                                                                                                        |                    |                                                                                 |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78                                                               |                    |                                                                                 |                     |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date **MAY 27 2009**  
Check No. **By 3878**  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Rev John H. Slager** Date **5/18/09**  
Print or Type Name of Officer **JOHN H SLAGER**  
Title of Officer **PRESIDENT/PASTOR**