

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, Rt 02904-2615
2000 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

penalty fee of \$25.00.					<i>y</i>	
1. Corporate 1D No.	2. Name of Cor	2. Name of Corporation				
32229	New Hope	New Hope Baptist Church				
3. Mate of Incorporation	4. Corporate aa	ldress in Rhode Island - Street .	1ddress	City	Zip	
Rhode Island	65 South N	Main Street		Pascoag	02859	
5. Foreign corporation. Enter principal office address			$CH_{\Gamma}$	State	Zip	
6. Brief Description of the cha	racter of the affairs whi	ch are actually conducted in R	hode Island			
Church						
7 NAMES AND ADDRE	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENTO [] EILI IN SDA	CES DEECDE HOING ATT	PACHMENTO	
President Name	ESSES OF THE OF	FICERS: ( X BOX FOR A	VICE President Name			
George A. Warren			Michael Zifchock			
Street Address			Street Address			
19 Oakview Terrace			705 Roundtop Road			
City -	State	Zip	City	State	Zip	
North Scituate	RI	02857	Harrisville	RI	02830	
Secretary Name			Treasurer Name		****	
Ann Tucker			Ann Gaudreau			
Street Address			Street Address			
29 Douglas Hook Road			435 Evans Road			
City	State	Zip	CHy	State	Zif)	
Chepachet	RI	02814	Chepachet	RI	02814	
			ATTACHMENT) FILL IN SP.			
	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	. NOT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
George A. Warren			Gary Tucker			
Street Address			Street Address			
19 Oakview Terrace			37 Douglas Hook Road			
City	State	Zip	City:	State	Zψ	
North Scituate	RI	02857	Chepachet	RI	02814	
Director Name			Director Name			
Michael Zifchock			None			
Street Address			Street Address			
705 Roundtop Road	T					
City	State	Zip	Ciΰ.	State	Zip	
Harrisville	R	02830	ı			
9. REGISTERED AGEN	I IN KHODE ISLA	NU				
This information is curre	ently of record in th	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	-13/7-6-78	
rms report	must be signed by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer, R	eceiver or Frustee	

File Date	FILED
Check No	N 0 9 2009
By_ FOR SE	CRETARY OF STATE USE ONLY

32229

Under penalty of perjury, I declare and affirm report, including any accompanying schedules	and statements, and that all
statements contained forein are true and corre	ct. 6/1/00
Signature of Officer	Date
GEORGE WAR	REN
Print or Type Name of Officer	
- PRECIDENT /	HTOR
Title of Officer	
	Form 631 Rev. 09/17