

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

## NON-PROFIT CORPORATION

Со	rporate ID Number	103720	Annual Report for the year 1900
1.	The name of the cor	poration is Moun	T HOPE LEARNING CENTER
2.	The state or other ju	risdiction under the la	ws of which it is incorporated is RHOUSE ISLAND
3.	The address of the re	egistered office of the	corporation in this state is 193 CAMP St. 100 JENKINS St.
	ProvidENCE	RI 02906	and the
	name of its registere	d agent in this state a	it that address is LENNY LONG
4.	<b>A</b>		ually conducting in Rhode Island, briefly stated, is NOV FROFIT
	Lomm	<u>unity Learnin</u>	G CENTER
5	If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is		
	incorporated is	<u> </u>	22 - 222
6.	Corporate address in	Rhode Island /	00 TENKINS St Providence KI 02906
	<del>}</del>		
7.			officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
	number of directors t	or a dornestic (Knode	island) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
6	ordon Fox	_Director	144 woodbine St. Prov. PF 02906
De	ev Sinha	_Director_	149 University one Prov RS 02906
40	vis Colema	n <u>Director</u>	21 Tecumsah ST, Prov. PL 02906
	LENNY LONG	President	100 JENKINS St. ProvidENCE RE 02906
$\mathcal{D}$	RENDA MCGILL	Vice-Presiden	I ST THIRD ST PROVIDENCE RI 02906
1	EV SINHA"	Secretary	91 PRESIDENT St. PROVIDENCE RI 02906
<u> </u>	USAN OISON	Treasurer	29 Lingen St. E. FROVIDENCE RE 02915
_	ted: 5-20-00		the transfer of a classical declaration and offices that I have accoming this
Da	ted:		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.
			THE MOUNT HOPE LEARNING CENTER
			Exact Name of Corporation
	1.10	a/00	By SUSAN CLOON
	6/a #10	5	Title Treasurer
	44 10	 	(Report must be signed by an officer)
		2	

Form No. 631 Revised: 01/99