

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation				
86512	Project	Project Hope/Projecto Esperanza, Inc.				
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Religiou	ıs, charitable and	l educational activities.			
5. Principal office address One Cathedral Square			City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS (N	IAMES AND ADD	RESSES) ("X" BOX F	OR ATTACHMENT)		1四年11 700000	
President Name			Vice-President Name			
Most Reverend Thomas J. Tobin			Rev. Msgr. Albert A. Kenney			
Street Address			Street Address			
One Cathedral Square			One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Secretary Name			Treasurer Name			
Rev. Timothy D. Reilly			Most Reverend Thomas J. Tobin			
Street Address			Street Address			
One Cathedral Square			One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
* (*X* BOX FOR ATTACH	(NAMES AND ADI MENT) 🔲		LAND CORPORATIONS MUST			
Director Name			Director Name			
Most Reverend Thomas J. Tobin			Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Director Name			Director Name			
Rev. Timothy D. Reil	ly					
Street Address One Cathedral Squar	re ·		Street Address			
City	State	Zip	City	State	Zip	
Providence	RI	02903				
8. REGISTERED AGENT IN	I RHODE ISLAND			t water a state water.		
			ary of State. Changes require fill	The state of the s		
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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date JUN 2 8 2	4 Es wolf Red 6/28/13
By:	Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer
Form No. 631	Secretary
Revised: 05/2012	Title of Officer

Revised: 05/2012

Project Hope/Projecto Esperanza, Inc.

86512

ADDITIONAL OFFICER:

Assistant Treasurer

John J. Barry, III One Cathedral Square Providence, RI 02903

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