



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. <i>152109</i>		2. Exact name of the Corporation VIEW OF HOPE ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island HOMEOWNERS ASSOCIATION			
5. Principal office address		24 SUMMERFIELD LANE	City	TIVERTON	State RI Zip 02878
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name JAMES E CLANCY			Vice-President Name JEFFREY SOARES		
Street Address 24 SUMMERFIELD LANE			Street Address 14 SUMMERFIELD LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name JAMES PROFITT			Treasurer Name GERALD FERREIRA		
Street Address 4 SUMMERFIELD LANE			Street Address 30 CRAIG STREET		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name STEPHEN BEAUPRE			Director Name LESTER SCHWARTZ		
Street Address 10 SUMMERFIELD LANE			Street Address 25 SUMMERFIELD LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name PAUL TROIA			Director Name		
Street Address 46 SUMMERFIELD LANE			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

JUN 03 2014

Check No _____

By: _____

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[Signature]

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]
 Signature of Officer or Authorized Representative _____ Date _____

FOR SECRETARY OF STATE USE ONLY

JAMES E CLANCY
 Print or Type Name of Officer or Authorized Representative