



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000027142

**2. Name of Corporation** John Hope Settlement House

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 7 THOMAS P. WHITTEN WAY

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

SOCIAL SERVICE AGENCY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANASTASIA WILLIAMS	7 THOMAS P WHITTEN WAY PROVIDENCE, RI 02903 USA
TREASURER	KEITH MOORS	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
TREASURER	WALTER MORGAN	7 THOMAS P WHITTEN WAY

		PROVIDENCE, RI US
SECRETARY	NEVILLE BEDFORD	7 THOMAS P WHITTEN WAY PROVIDENCE, RI US
VICE PRESIDENT	SANDRA BARONE	7 THOMAS P WHITTEN WAY PROVIDENCE, RI 02903 US
DIRECTOR	SARAH LAROSA	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	LINDA GRIFFIN	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	JOSEPH S. ALMEIDA	299 CALIFORNIA AVE PROVIDENCE, RI 02905 USA
DIRECTOR	JUDITH A. COVINGTON	RI LEGAL SERVICES, 56 PINE STREET PROVIDENCE, RI 02888 USA
DIRECTOR	CLOTIDE J. TAYLOR	44 ASHTON STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ELLEN MARK	7 THOMAS P WHITTEN WAY PROVIDENCE, RI US
DIRECTOR	JAMETTA ALSTON	7 THOMAS P WHITTEN WAY PROVIDENCE , RI 02903 USA
DIRECTOR	SUSAN LEONARDI	7 THOMAS P WHITTEN WAY PROVIDENCE, RI US
DIRECTOR	ROXANN JOHNSON-NANCE	7 THOMAS P WHITTEN WAY PROVIDENCE, RI US
DIRECTOR	JOAN BADWAY	7 THOMAS P WHITTEN WAY PROVIDENCE, RI 02903 US
DIRECTOR	INESSE JONES	7 THOMAS P WHITTEN WAY PROVIDENCE, RI US
DIRECTOR	TANYA P. GILBERT	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	FRANCIS GASCHEN	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	JESSICA MOWRY	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	ROBERT E. TABOADA	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	ROBERT KOUNTZ	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	DAYNAH WILLIAMS	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	KERRY CONDON	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	JAMES D. LIANG	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA
DIRECTOR	WIL FLEMING	7 THOMAS P. WHITTEN WAY PROVIDENCE, RI 02903 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PETER D. LEE 7 THOMAS P. WHITTEN WAY PROVIDENCE , RI 02903

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

**Signed this 9 Day of July, 2014 at 10:17:58 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANASTASIA WILLIAMS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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