



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.** 000075405

**2. Name of Corporation** HOPE FOR AMERICA

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 915 DOUGLAS PIKE

City or Town: SMITHFIELD

State: RI Zip: 02917 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**

TO PUBLISH AND/OR PROMOTE THE MESSAGE OF CHRISTIANITY THRU THE MEANS OF MEDIA.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	STEPHEN W BOYCE	5 MAGNOLIA CIRCLE GREENVILLE, RI 02828 USA
VICE PRESIDENT	RONALD J TERMALE	41 BRAYTON ROAD SMITHFIELD, RI 02917 USA

DIRECTOR	CYNTHIA ALBANESE	272 OLD COUNTY ROAD SMITHFIELD, RI 02817 USA
DIRECTOR	STEPHEN V BOYCE	5 MAGNOLIA CIRCLE GREENVILLE, RI 02828 USA
DIRECTOR	RONALD J TERMALE	41 BRAYTON ROAD SMITHFIELD, RI 02917 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**

STEPHEN V. BOYCE 915 DOUGLAS PIKE SMITHFIELD , RI 02917

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

**Signed this 15 Day of July, 2014 at 5:28:00 PM 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 RONALD J. TERMALE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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