



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 **2015**

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. 00103720		2. Exact name of the Corporation Mount Hope Learning Center			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide tutoring for children and adults, to provide basic computer classes in english and in spanish, to provide skill-based programs with volunteers.			
5. Principal office address 140 Cypress Street			City Providence	State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Leonard Long			Vice-President Name Lorraine Lalli		
Street Address 100 Jenkins Street			Street Address 11 5th Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Brenda McGill			Treasurer Name Jana Hesser		
Street Address 58 3rd Street			Street Address 18 Emeline Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stacy Couto			Director Name Sylvia Ann Soares		
Street Address 97 Jenkins Street, Apt. # 2, Providence, RI 02906			Street Address 55 Cypress Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Jorge Cardenas			Director Name		
Street Address 1076 Park Avenue, #2			Street Address		
City Cranston	State RI	Zip 02910	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

MAY 04 2015

File Date _____

Check No _____

By: **RY** 1769

FOR SECRETARY OF STATE USE ONLY

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.

Eric Telfort 4/27/15
 Signature of Officer or Authorized Representative Date

ERIC TELFORT
 Print or Type Name of Officer or Authorized Representative