



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.

Signature of Officer or Authorized Representative

Date 4/27/15

ERIC TELFORT
Print or Type Name of Officer or Authorized Representative