

## 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/business

## 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

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation				
28697	Mother	Mother of Hope Novitiate				
3. State of Incorporation	4. Brief des	cription of the characte	er of business conducted in Rhode I	sland	·	
Rhode Island	Religiou	ıs, charitable and	l educational activities.			
5. Principal office address One Cathedral Square			City Providence	State RI	Zip 02903	
6, LIST <u>ALL</u> OFFICERS	(NAMES AND ADDI	RESSES) ("X" BOX F	ORATTACHMENT)			
President Name			Vice-President Name			
Most Reverend Thomas J. Tobin			Rev. Msgr. Albert A. Kenney			
Street Address			Street Address			
One Cathedral Square			One Cathedral Square			
City Providence	State RI	Zip 02903	City <b>Providence</b>	State RI	Zip <b>02903</b>	
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Reverend Thomas J. Tobin			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City <b>Providence</b>	State RI	Zip <b>02903</b>	City Providence	State RI	Zip 02903	
7. LIST <u>ALL</u> DIRECTOR ("X" BOX FOR ATTAC	S (NAMES AND ADI	RESSES). RHODE IS	LAND CORPORATIONS MUST I	IST NO LESS THAN	THREE (3) DIRECTORS	
Director Name Most Reverend Thomas J. Tobin			Director Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Director Name Rev. Timothy D. Re	eilly		Director Name			
Street Address			Street Address			
One Cathedral Squ	are					
City Providence	State RI	Zip 02903	City	State	Zip	
B. REGISTERED AGENT	IN RHODE ISLAND					
This information is curr	ently of record in the	e Office of the Secret	ary of State. Changes require fill	ng Form 641.		
			resident, Secretary, Assistant Secre		eiver or Trustee	

File Date FILED Check No JUL 0 1 2015	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 Office	
FOR SECRETARY OF STATE USE ONLY 50052	Rev. Timothy D. Reilly Print or Type Name of Officer	
orm No. 631	Secretary Title of Officer	

Revised: 05/2012