



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: 2015

1. Corporate ID No. 000152211

2. Name of Corporation Hope In Jesus Ministries

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 44 STAMFORD AVE

City or Town: PROVIDENCE

State: RI

Zip: 02907

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

INDIVIDUALS UNITED BY A MEANS OF BIBLE BELIEVING FIATH, DOING THEIR FINEST TO SHARE THE GOSPEL CORRECTLY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ANTHONY MANCUSO	44 STAMFORD AVE PROVIDENCE, RI 02907 USA
TREASURER	KATHY STEVENS	150 CURRAN RD CUMBERLAND, RI 02864 USA

SECRETARY	DAWN MANCUSO	44 STAMFORD AVE PROVIDENCE, RI 02907 US
VICE PRESIDENT	GARY STEVENS	150 CURRAN RD CUMBERLAND, RI 02864 USA
DIRECTOR	ANTHONY MANCUSO	44 STAMFORD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	GARY STEVENS	150 CURRAN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	KATHY STEVENS	150CURRAN RD CUMBERLAND, RI 02864 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**

ANTHONY W. MANCUSO 44 STAMFORD AVE PROVIDENCE , RI 02907

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

Signed this 16 Day of July, 2015 at 11:13:10 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 ANTHONY W. MANCUSO
Signature of Authorized Person

Form No. 631
Revised 09/07

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