

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

Filling 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.	2. Exact name of	the Corporation			
56774	House of Hope Community Development Corporation				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI					
5. Principal office address	· ·		City	State	Zip
3194 DOJ 1			warnick	1,07	02886
6. LIST ALL OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR AT	TACHMENT) Vice-President Name		
President Name					
Street Address			Brian Jones		
196 WATERMAN ST			Street Address 20 BAtemen AJE City State Zip		
City City	State	Zip	City	State	Zip
Providence	RI	02906	NEWPORT	RI	07820
	I		Treasurer Name	1	
Michelle Jacques			STEPHEN M. Miller Esq.		
Street Address Street Address					
20 Richard ST	CET		SAME AS AbovE		
City	State	Zip	City SAME	State	Zip
WEST WARNICK	RI	02893		SAME	SAME
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
JEAN M. Johnson			Christine 10154		
Street Address 45 Spring Hill Road			Street Address 33 Northup St		
City	State 72 I	Zip 07851	Watefield	State -	Zip 09879
Director Name William Stein			GEORGE EVANS MARIET		
Street Address			Street Address		
83 UNCENT AUE			299 Carpenter STYCET UNIT 317		
LOCKY PROLIDENCE	State	02904	Providence	State	02909
8. REGISTERED AGENT IN RHODE ISLAND					
This Information is currently of record in the Office of the Secretary of State. Changes require filling Form 641. This report must be signed by either the President, Vice President, Vice President, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver					
This report must be signed by eith or Trustee	er the President, V	/ice President Secreta	ry, Assistant Secretary, Treasurer, duly	Authorized Rep	oresentative, Receiver
outhante standard management statement statement		DEC 28 2015	Under penalty of perjury, I decla	re and affirm t	that I have examined
File Date		17832	this report, including any accon and that all statements contained	ipanying sche	dules and statements,
Check No		die vie		1	DI1- 15
By:			Signature of Officer or Authorized	Representative	
FOR SECRETARY OF STATE	USE ONLY			O	
			GEORGE ELLANS ON	ua is us	
Form No. 631			Print or Type Name of Officer or A		esentative

Revised: 04/2014