



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

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:** 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
31620		Mount Hope Community Baptist Church	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		Various Church Ministries	
5. Principal Office Address		City	State
734 Hope Street		Providence	RI
		Zip	02906
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Rev. Dr. Olivier Bala</b>		Vice-President Name <b>Rev. Jose Delgado</b>	
Street Address <b>63 Eleventh Street</b>		Street Address <b>121 Mayflower Street</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Providence</b>
			State <b>RI</b>
			Zip <b>02914</b>
Secretary Name <b>Maria V. Anderson</b>		Treasurer Name <b>Jerome Lockley</b>	
Street Address <b>626 Smithfield Rd. #908</b>		Street Address <b>92 Legion Drive</b>	
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Pawtucket</b>
			State <b>RI</b>
			Zip <b>02860</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Todd McGhee</b>		Director Name <b>Paul Pereira</b>	
Street Address <b>48 Farmers Lane</b>		Street Address <b>88 Gristmill Road</b>	
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Warwick</b>
			State <b>RI</b>
			Zip <b>02889</b>
Director Name <b>Maurine Daw</b>		Director Name <b>Keith Mathews</b>	
Street Address <b>47 Metropolitan Road</b>		Street Address <b>29 Parker Avenue</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>East Providence</b>
			State <b>RI</b>
			Zip <b>02914</b>
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
REV. DR. OLIVIER BALA			05/26/16
Signature of Officer/Authorized Representative			

**FILED**

MAY 31 2016

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