



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: 2016

1. Corporate ID No. 000529286

2. Name of Corporation We Share Hope

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 624 MAIN STREET

City or Town: WARREN

State: RI

Zip: 02886

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

WE ARE A COMMUNITY OF INDIVIDUALS WHO ARE COMMITTED TO SERVING THE
COMMON GOOD, EXCLUSIVELY FOR CHARITABLE PURPOSES

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Incorporator is no longer applicable; please delete**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	JAMES K MACDOUGALL SR.	510 CHILD STREET WARREN, RI 02885 USA
TREASURER	CRISTINA COLA MCKIBBIN	16 TERRACE DR BARRINGTON, RI 02806 USA

SECRETARY	PETER J LETENDRE	40 CORAL ST PORTSMOUTH, RI 02871 USA
DIRECTOR	STEPHEN MARTIN	60 WILLETT AVE. RIVERSIDE, RI 02915 USA
DIRECTOR	ROBERT E NICHOLS JR.	68 ORCHARD AVE. BARRINGTON, RI 02886 USA
DIRECTOR	APRIL MARTIN	60 WILLETT AVE RIVERSIDE, RI 02915 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**

STEPHEN P. MARTIN 60 WILLETT AVENUE RIVERSIDE , RI 02915

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

Signed this 3 Day of June, 2016 at 4:17:53 PM 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 CRISTINA MCKIBBIN
Signature of Authorized Person

Form No. 631
Revised 09/07