



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 **2016**

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 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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|---|--------------------|---|--------------------------------|---------------------|---------------------|
| 1. Entity ID No. 27282 | | 2. Exact name of the Corporation New Hope Christian Church | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Church Activities | | | |
| 5. Principal office address 1436 G.A.R. Highway | | City Swansea | State MA | Zip 02777 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name David Therrien Sr. | | Vice-President Name Ronald Barnett | | | |
| Street Address 37 Bailey Street | | Street Address 161 Old River Road | | | |
| City Rumford | State RI | Zip 02916 | City Lincoln | State RI | Zip 02865 |
| Secretary Name Steven L. Martins | | Treasurer Name Mary Lamb | | | |
| Street Address 10 Summer Drive | | Street Address 55 North Carpenter Street | | | |
| City Seekonk | State MA | Zip 02771 | City East Providence | State RI | Zip 02914 |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name David Therrien Sr. | | Director Name Ronald Barnett | | | |
| Street Address 37 Bailey Street | | Street Address 161 Old River Road | | | |
| City Rumford | State RI | Zip 02916 | City Lincoln | State RI | Zip 02865 |
| Director Name Steven L. Martins | | Director Name | | | |
| Street Address 10 Summer Drive | | Street Address | | | |
| City Seekonk | State MA | Zip 02771 | City | State | Zip |
| 8. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | | | | | |

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 Officer or Authorized Representative Date **6/3/16**

FILED

David Therrien, Sr., President

Print or Type Name of Officer or Authorized Representative

June 6 2016
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