



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 24 PM 3:15

1. Entity ID Number <u>662482</u>		2. Exact name of the Corporation <u>Hope for Unity</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>A non-profitable organization that cares for its members in times of bereavement, graduation and illness.</u>	
5. Principal Office Address <u>22 Salisbury St. Apt. 1</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02905</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Esther S. Lakpor</u>		Vice-President Name <u>Edward Sefon</u>	
Street Address <u>22 Salisbury St. Apt. 1</u>		Street Address <u>29 Salisbury St. Apt. 1</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Secretary Name <u>Daniel O. Greene</u>		Treasurer Name <u>Peter A. Lakpor</u>	
Street Address <u>20 Perry St.</u>		Street Address <u>22 Salisbury St. Apt. 1</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02905</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Roseanne Lakpor</u>		Director Name <u>Martin Lakpor</u>	
Street Address <u>22 Salisbury St. Apt. 1</u>		Street Address <u>22 Salisbury St. Apt. 1</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Director Name <u>William Gbaze</u>		Director Name <u>William Doe</u>	
Street Address <u>22 Salisbury St. Apt. 1</u>		Street Address <u>22 Salisbury St. Apt. 1</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Peter Lakpor</u>		Date <u>6/24/16</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

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A.A.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov