



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.

1. Entity ID Number <u>1658719</u>		2. Exact name of the Corporation <u>NEW HOPE ART GALLERY</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>NON-PROFIT ART GALLERY</u>	
5. Principal Office Address <u>15 SHERMAN ST.</u>		City <u>RIVERSIDE</u>	State <u>RI</u> Zip <u>02915</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>RICHARD GAGNON</u>		Vice-President Name <u>BARBARA ROSENBAUM</u>	
Street Address <u>15 SHERMAN ST</u>		Street Address <u>170 MORRIS AVE</u>	
City <u>RIVERSIDE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02906</u>
Secretary Name <u>THEODORE DELUCIA</u>		Treasurer Name <u>RICHARD GAGNON</u>	
Street Address <u>3 JAFFERY ST</u>		Street Address <u>15 SHERMAN ST</u>	
City <u>JOHNSTON</u>	State <u>RI</u> Zip <u>02919</u>	City <u>RIVERSIDE</u>	State <u>RI</u> Zip <u>02915</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>RICHARD GAGNON</u>		Director Name <u>BARBARA ROSENBAUM</u>	
Street Address <u>15 SHERMAN ST</u>		Street Address <u>170 MORRIS AVE</u>	
City <u>RIVERSIDE</u>	State <u>RI</u> Zip <u>02915</u>	City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>THEODORE DELUCIA</u>		Director Name <u>ALIS GAGNON</u>	
Street Address <u>3 JAFFERY ST</u>		Street Address <u>81 SOPHIA DR</u>	
City <u>JOHNSTON</u>	State <u>RI</u> Zip <u>02919</u>	City <u>WARWICK</u>	State <u>RI</u> Zip <u>02886</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>RICHARD GAGNON</u>		Date <u>6/20/16</u>	
Signature of Officer/Authorized Representative <u>Richard Gagnon</u>		SIGN DOCUMENT HERE	

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JUN 29 2016

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MAIL TO:
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