



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**

## 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.

 2017 JUN - 1 AM 10:57  
 R.I. DEPT. OF STATE  
 BUSINESS DIV.

1. Entity ID Number <b>001256171</b>		2. Exact name of the Corporation <b>HOPE &amp; FAITH DRIVE</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>PROVIDING FOOD FOR NEEDY FAMILIES</b>			
5. Principal Office Address <b>18 INTERVALE AVENUE</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>CARL O SWEENEY, JR</b>			Vice-President Name		
Street Address <b>18 INTERVALE AVENUE</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>CARL O SWEENEY, JR</b>			Director Name <b>MAUREEN J SWEENEY</b>		
Street Address <b>18 INTERVALE AVENUE</b>			Street Address <b>18 INTERVALE AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>MAUREEN NOLAN</b>			Director Name		
Street Address <b>36 MERRILL STREET</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
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>					
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 <b>CARL O SWEENEY, JR</b>					Date <b>✓ 5-28-17</b>
Signature of Officer/Authorized Representative <i>✓ Carl O Sweeney Jr</i>					

**FILED****JUN 01 2017****BY**

FORM 631 - Revised: 02/2017