



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

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.

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

FILED

JUN 01 2017

BY SSU

MAIL TO:
 Division of Business Services
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