

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.

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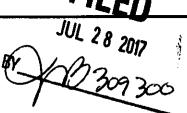
				<u></u>	<u></u>		
1. Entity ID Number	2. Exact name o	f the Corporation					
601323	Shepherds of Hope Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Religious, charitable and educational activities.						
4. NAICS Code	1						
813110 - Religious Organizatior							
6. Principal Office Address			City	State	Zip		
One Cathedral Square			Providence	RI	02903		
7. List ALL officers (names and addresses) Check the box to in					attachment		
President Name Most Reverend Thomas J. Tobin			Vice-President Name Rev. Msgr. Albert A. Kenney				
Street Address One Cathedral Square			Street Address One Cathedral Square				
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903		
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Reverend Thomas J. Tobin				
Street Address One Cathedral Square			Street Address One Cathedral Square				
City Providence	State RI	Zip 02903	City Providence	State RI	^{Zip} 02903		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Most Reverend Thomas J. Tobin			Director Name Rev. Msgr. Albert A. Kenney				
Street Address One Cathedral Square			Street Address One Cathedral Square				
City Providence	State RI	Zip 02903	City Providence	State RI	^{Zip} 02903		
Director Name Rev. Timothy D. Reilly			Director Name Rev. Msgr. Raymond B. Bastia				
Street Address One Cathedral Square			Street Address One Cathedral Square				
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903		
9. 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							
Rev. Timothy D. Reilly, Secretary	1			7 28	» [] /		
Signature) of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



Shepherds of Hope Inc.

601323

ADDITIONAL DIRECTOR:

Michael Sabatino One Cathedral Square Providence, RI 02903