

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

Annual Report for the year: 2018
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.

FILED
 MAY 21 2018
 BY 16062

1. Entity ID Number 27282		2. Exact name of the Corporation New Hope Christian Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church Activities			
4. NAICS Code 813110					
6. Principal Office Address 1436 G.A.R Highway			City Swansea	State MA	Zip 02777
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Therrien Sr.			Vice-President Name Ronald Barnett		
Street Address 37 Bailey Street			Street Address 161 Old River Road		
City Rumford	State RI	Zip 02916	City Lincoln	State RI	Zip 02865
Secretary Name Steven L. Martins			Treasurer Name Mary Lamb		
Street Address 10 Summer Drive			Street Address 55 North Carpenter Street		
City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip 02914
8. 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 David Therrien Sr.			Director Name Ronald Barnett		
Street Address 37 Bailey Street			Street Address 161 Old River Road		
City Rumford	State RI	Zip 02916	City Lincoln	State RI	Zip 02914
Director Name Steven L. Martins			Director Name		
Street Address 10 Summer Drive			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
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.					
<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 Steven L. Martins				Date 5/16/2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov