



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 18 2018

BY

7927

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.

1. Entity ID Number 31620		2. Exact name of the Corporation MOUNT HOPE COMMUNITY BAPTIST CHURCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island VARIOUS CHURCH MINISTRIES			
4. NAICS Code 813110					
6. Principal Office Address 734 HOPE STREET			City PROVIDENCE	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name REV. DR. OLIVIER BALA			Vice-President Name KEITH MATHEWS		
Street Address 63 ELEVENTH STREET			Street Address 29 PARKER AVENUE		
City PROVIDENCE	State RI	Zip 02906	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name MARIA V. ANDERSON			Treasurer Name JEROME LOCKLEY		
Street Address 626 SMITHFIELD ROAD #908			Street Address 92 LEGION DRIVE		
City NORTH PROVIDENCE	State RI	Zip 02904	City PAWTUCKET	State RI	Zip 02860
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 LIZ LOMBARD			Director Name PAUL PEREIRA		
Street Address 591 WILLET AV. APT. 33			Street Address 88 GRISTMILL ROAD		
City RIVERSIDE	State RI	Zip 02915	City WARWICK	State RI	Zip 02889
Director Name MELISSA MIRANDA			Director Name ERIC SHORTER		
Street Address 2 BARBARAS WAY			Street Address 28 HARRIS STREET		
City LINCOLN	State RI	Zip 02865	City RIVERSIDE	State RI	Zip 02915
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. DR. OLIVIER BALA					Date JUNE 8, 2018
Signature of Officer/Authorized Representative [Signature]					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