

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: **2015**

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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SECRETARY OF STATE
CORPORATIONS DIV

2018 AUG -2 PM 12:24

1. Entity ID Number 000307792		2. Exact name of the Corporation Mt. Hope Cowboys			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE YOUTH WITH THE OPPORTUNITY TO PARTICPATE IN PHYSICAL, SPIRITUAL, AND MENTAL EXERCISE BY PLAYING FOOTBALL AND CHEERLEADING.			
4. NAICS Code 813319					
6. Principal Office Address 199 Camp Street			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Pamela Hughes			Vice-President Name Herlin Perry		
Street Address 21 Peach Avenue			Street Address 206 Camp Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Ericka Blyden			Treasurer Name Demetrius Perry		
Street Address 70 Candace Street			Street Address 178 Windmill Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☐					
Director Name Lorenzo Perry			Director Name Denine Silva		
Street Address 75 Freese Street			Street Address 206 Camp Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02906
Director Name Rosemarie O'Connor			Director Name		
Street Address 74 Canonchet Street			Street Address		
City Providence	State RI	Zip 02906	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 Denine Silva					Date 8/2/18
Signature of Officer/Authorized Representative <i>Denine Silva</i>					

SIGN DOCUMENT HERE

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

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BY CA 334152

FORM 631 - Revised: 11/2017