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

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SECRETARY OF STATE
CORPORATIONS DIV

2018 AUG -2 PM 12: 24

Annual 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.

1. Entity ID Number	2. Exact name of the Corporation
000307792	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	City	State	Zip
199 Camp Street	Providence	RI	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: Provdience	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.

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	Date
Denine Silva	8/2/18

Signature of Officer/Authorized Representative: Denine Silva — SIGN DOCUMENT HERE

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BY CR 336156

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

FORM 631 - Revised: 11/2017