



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

STAMP

1. Entity ID Number <u>000101869</u>		2. Exact name of the Corporation <u>THE MOUNT HOPE TRUST IN BRISTOL</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PURPOSE: THE TRUSTS OLD LANDSCAPE OF THE 127 ACRES OF MOUNT HOPE FARM AND MAKE THEM AVAILABLE TO THE PUBLIC.</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>250 METACOM AVENUE</u>		City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JONATHAN FEINSTEIN</u>		Vice-President Name <u>DELLY LAMBRESE</u>	
Street Address <u>22 BYFIELD ST.</u>		Street Address <u>36 RELIANCE DR.</u>	
City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>	City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
Secretary Name <u>LINDA SILVERIA</u>		Treasurer Name <u>MERRITT MEYER</u>	
Street Address <u>7 FAIRVIEW DRIVE</u>		Street Address <u>64 HIGH ST.</u>	
City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>	City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u> Zip <u></u>	City <u></u>	State <u></u> Zip <u></u>
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u> Zip <u></u>	City <u></u>	State <u></u> Zip <u></u>
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 <u>GEORGINA MALDONADO</u>		Date <u>2/19/19</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE FILED	

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

FEB 21 2019

BY 5219 DS FORM 631 - Revised: 11/2017



MOUNT HOPE FARM

2017 Board of Trustees (rev.5.24.18)

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CL 5/19