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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2019

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→ 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 000057740	2. Exact name of the Corporation Mt. Hope High School Homebuilding Project, Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	The construction of houses for educational purposes.				
4. NAICS Code	I The cons	struction of nous	ses for educational purpo	oses.	
611110 - Elementary and Sec					
6. Principal Office Address			City	State	Zip
199 Chestnut Street			Bristol	RI	02809
7. List ALL officers (names and add	dresses)		- 	Check the box to indica	ate an attachment
President Name Dr. Deborah DiBlase			Vice-President Name Ryan Garrity		
Street Address 199 Chestnut Street			Street Address 199 Chestnut Street		
Cily Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Zip} 02809
Secretary Name Dr. Deborah DiBiase			Treasurer Name Ryan Garrity		
Street Address 199 Chestnut Street			Street Address 199 Chestnut Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	^{Zip} 02809
8 List ALL directors (names and a	ddresses). Rl Ce	orporations MUST i	ist at least THREE directors.	Check the box to indicate	ate an attachment
Director Name Dr. Deborah DiBlase			Director Name Kevin M. Francis		
Street Address 199 Chestnut Street			Street Address 115 Tupelo Street		
^{City} Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Zip} 02809
Circulor Name Ryan Garrity			Director Name		
Street Address 199 Chestnut Street			Street Address		
^{Cily} Bristol	State RI	Zip 02809	City	State	Zip
9. Registered Agent in Rhode Islan	nd. This information	on is currently of recor	d in the Department of State. Ch	anges require filing Form 64	1.
Under penalty of perjury, I declar statements, and that all stateme				accompanying schedu	les and
This report must be signed by either the Pre-	sident, Vice-Presider	nt, Secretary, Assistant S	ecretary. Treasurer, duly Authorized R	Representative, Receiver or Trus	lee.
Name of Officer/Authorized Repres Dr. Deborah DiBiase	sentative			Date 5/20	3/19
Signature of Officer/Authorized Rep	resentative	SIGN DOC	UMENT 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