



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

Annual Report for the year: **2019**
 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.

FILED
 JUN 10 2019

2019
 RECEIVED
 DEPARTMENT OF STATE
 PROVIDENCE, RI

1. Entity ID Number 000057740		2. Exact name of the Corporation Mt. Hope High School Homebuilding Project, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The construction of houses for educational purposes.			
4. NAICS Code 611110 - Elementary and Sec					
6. Principal Office Address 199 Chestnut Street		City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. Deborah DiBlase		Vice-President 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
Secretary Name Dr. Deborah DiBlase		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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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
Director Name Ryan Garrity		Director Name			
Street Address 199 Chestnut Street		Street Address			
City Bristol	State RI	Zip 02809	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 Dr. Deborah DiBlase				Date 5/23/19	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov