

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

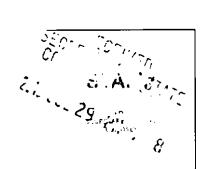
Annual Report for the year: **Non-Profit Corporation**

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.



				
Entity ID Number 2. Exact name of the Corporation				
Shepherds of Hope Inc.				
5. Brief description of the character of business conducted in Rhode Island				
Religious, charitable and educational activities.				
		City	State	Zip
ne Cathedral Square		Providence	RI	02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
ent Name Most Reverend Thomas J. Tobin		Vice-President Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square		Street Address One Cathedral Square		
State RI	^{Zıp} 02903	City Providence	State RI	^{Zip} 02903
cretary Name Rev. Timothy D. Reilly		Treasurer Name Most Reverend Thomas J. Tobin		
Street Address One Cathedral Square		Street Address One Cathedral Square		
State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name Most Reverend Thomas J. Tobin		Director Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square		Street Address One Cathedral Square		
State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903
Director Name Rev. Timothy D. Reilly		Director Name Rev. Msgr. Raymond B. Bastia		
Street Address One Cathedral Square		Street Address One Cathedral Square		
State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903
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 Authonzed Representative, Receiver or Trustee.				
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary			Date /	119
Signature of Officer/Authorized Representative				
Van. pristy () (all FILED				
	Shepher 5. Brief description Religious, char resses) Thomas J. Tobin quare State RI Idresses). RI Corporate RI Idresses). RI Corporate RI Reilly quare State RI Reilly quare State RI Reilly quare State RI Reilly quare state RI d. This information is the and affirm that the state ontained here dent. Vice-President. State RI entative tary	Shepherds of Hop 5. Brief description of the characte Religious, charitable and ed resses) Thomas J. Tobin quare State RI Zip 02903 Reilly quare State RI Zip 02903 Idresses). RI Corporations MUST literature State RI Zip 02903 Reilly quare State RI Zip 02903	Shepherds of Hope Inc. 5. Brief description of the character of business conducted in Rhode Isla Religious, charitable and educational activities. City	Shepherds of Hope Inc. 5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities. City

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JUL 29 2019
BY 65666

Shepherds of Hope Inc.

601323

ADDITIONAL DIRECTOR:

Michael Sabatino One Cathedral Square Providence, RI 02903