



RI SOS Filing Number: 202040722160 Date: 5/22/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 22 2020

BY 161 AS

Annual Report for the year:

Non-Profit Corporation

2020

→ 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 001658719		2. Exact name of the Corporation NEW HOPE ART GALLERY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON PROFIT ART GALLERY OPEN TO ALL ARTISTS TO SHOW THEIR ART AT THE CRANSTON SENIOR ENRICHMENT CENTER			
4. NAICS Code 711510					
6. Principal Office Address 15 SHERMAN ST			City RIVERSIDE	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD GAGNON			Vice-President Name BARBARA ROSENBAUM		
Street Address 15 SHERMAN ST			Street Address 170 MORRIS AVE		
City RIVERSIDE	State RI	Zip 02915	City PROVIDENCE	State RI	Zip 02906
Secretary Name BARBARA ROSENBAUM			Treasurer Name RICHARD GAGNON		
Street Address 170 MORRIS AVE			Street Address 15 SHERMAN ST		
City PROVIDENCE	State RI	Zip 02906	City RIVERSIDE	State RI	Zip 02915
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 RICHARD GAGNON			Director Name BARBARA ROSENBAUM		
Street Address 15 SHERMAN ST			Street Address 170 MORRIS AVE		
City RIVERSIDE	State RI	Zip 02915	City PROVIDENCE	State RI	Zip 02915
Director Name ZITA GAGNON			Director Name LOUIS GAGNON		
Street Address 81 SOPHIA DR			Street Address 81 SOPHIA DR		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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 RICHARD GAGNON				Date 6/1/2020	
Signature of Officer/Authorized Representative <i>Richard Gagnon</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov