RI SOS Filing Number: 202042388760 Date: 6/17/2020 4:00:00 PM



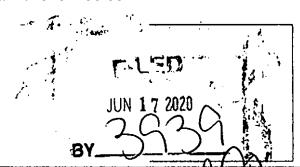
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2020
Non-Profit Corporation	

→ Filing period: June 1 - June 30 → Filing Fec: \$20.00

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



1. Entity ID Number	2. Exact name of the Corporation					
000152218	Hope Congregational Church, United Church of Christ					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Church					
4. NAICS Code						
813110 - Religious Organizati						
6. Principal Office Address			City	State	Zip	
120 Wampanoag Trail			Riverside	RI	02915	
7. List ALL officers (names and addresses)  Check the box to Indicate an attachment						
President Name Jean Goulet			Vice-President Name Margaret McKieman			
Street Address 93 Merritt Road			Street Address 99 Cushman Avenue			
<sup>City</sup> Riverside	State RI	<sup>Zip</sup> 02915	City East Providence	State RI	<sup>Zip</sup> 02915	
Secretary Name Christine Jaworski			Treasurer Name Richard R Bushnell			
Street Address 60 Brookfield Road			Street Address 24 Hedley Circle			
<sup>City</sup> Riverside	State RI	<sup>Zip</sup> 02915	City East Providence	State RI	<sup>Zip</sup> 02914	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Jody Richards			Director Name Cora Rose			
Street Address 10 Rounds Avenue			Street Address 2987 Pawtucket Avenue			
<sup>City</sup> Riverside	State RI	<sup>Zip</sup> 02915	City Riverside	State RI	<sup>Zjp</sup> 02915	
Director Name Raymond Hassell			Director Name			
Street Address 20 Hedley Circle			Street Address			
City East Providence	State RI	<sup>Zip</sup> 02914	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.						
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			Date			
Richard R Bushnell, Treasurer			06/14/2020			
Signature of Officer/Authorized Representative Ruhand Resultable						

MAIL TO:

Division of Business Services

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

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