



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000152211

2. Name of Corporation Hope In Jesus Ministries

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813110

4. Corporate Address in Rhode Island

No. and Street: 44 STAMFORD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: WARWICK State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

INDIVIDUALS WORKING TOGETHER BY EVANGELICAL MEANS TO BENEFIT THOSE IMPACTED BY INCARCERATION. THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY MANCUSO	44 STAMFORD AVE PROVIDENCE, RI 02907 USA
TREASURER	DAWN MANCUSO	44 STAMFORD AVE PROVIDENCE, RI 02907 USA
SECRETARY	DAWN MANCUSO	44 STAMFORD AVE PROVIDENCE, RI 02907 US
DIRECTOR	THOMAS BUTTS	25 SCENIC DRIVE WARWICK, RI 02886 USA
DIRECTOR	STEVEN GRENIER	142 MISSOURI DR WARWICK, RI 02886 USA
DIRECTOR	ROBERT KILLIAN	161 NEWPORT AVE PAWTUCKET, RI 02861 USA
DIRECTOR	THOMAS DECHAUNY	7 PINE LANE WARREN, RI 02885 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANTHONY W. MANCUSO 44 STAMFORD AVENUE PROVIDENCE , RI 02907

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2020 at 12:53:07 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DAWN MANCUSO
Signature of Authorized Person

Form No. 631
Revised 09/07