



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 Fee: \$20.00

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

1. Entity ID Number <b>506858</b>		2. Exact name of the Corporation <b>Mother of Hope Camp</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious, charitable and educational activities.</b>			
4. NAICS Code <b>813110 - Religious Organiza</b>					
6. Principal Office Address <b>One Cathedral Square</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>Most Reverend Thomas J. Tobin</b>			Vice-President Name <b>Rev. Msgr. Albert A. Kenney</b>		
Street Address <b>One Cathedral Square</b>			Street Address <b>One Cathedral Square</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Rev. Timothy D. Reilly</b>			Treasurer Name <b>Most Reverend Thomas J. Tobin</b>		
Street Address <b>One Cathedral Square</b>			Street Address <b>One Cathedral Square</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Most Reverend Thomas J. Tobin</b>			Director Name <b>Rev. Msgr. Albert A. Kenney</b>		
Street Address <b>One Cathedral Square</b>			Street Address <b>One Cathedral Square</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Rev. Timothy D. Reilly</b>			Director Name		
Street Address <b>One Cathedral Square</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	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.					
<b>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.</b>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or an Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <b>Rev. Timothy D. Reilly, Secretary</b>			Date <b>7/24/2020</b>		<b>FILED</b>
Signature of Officer/Authorized Representative <i>Rev. Timothy D. Reilly</i>			SIGN DOCUMENT HERE <b>BY CC 00TC2</b>		

Mother of Hope Camp

ID#  
506858

ADDITIONAL OFFICER:

Assistant Treasurer

Louise M. Dussault  
One Cathedral Square  
Providence, RI 02903