

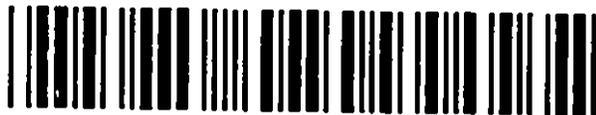


**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>134589</b>		2. Name of Corporation <b>Hope Renewed Realty Corporation</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>392 Cranston Street</b>	
		City <b>Providence</b>	Zip <b>02907</b>
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>PURCHASE AND LEASING OF REAL ESTATE</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>McArthur Rance</b>		Vice President Name	
Street Address <b>27 Princeton Ave</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City State Zip
Secretary Name <b>Carol Davis</b>		Treasurer Name <b>Reverand Daniel Trainor</b>	
Street Address <b>2 Spooner Street</b>		Street Address <b>791 Potters Ave</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02907</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>			
Director Name <b>McArthur Rance</b>		Director Name <b>Carol Davis</b>	
Street Address <b>27 Princeton Avenue</b>		Street Address <b>2 Spooner Street</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02907</b>
Director Name <b>Rev Daniel Trainor</b>		Director Name	
Street Address <b>791 Potters Avebue</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City State Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>SHARON CONARD WELLS</b>		Address	
Address <b>392 CRANSTON STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02907</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



134589

File Date 6-10-05  
Check No. 1054  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature]  
Signature of Officer Date  
Rev Daniel Trainor  
Print or Type Name of Officer  
Treasurer  
Title of Officer



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134589		2. Name of Corporation Hope Renewed Realty Corporation			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 392 Cranston Street		City Providence	Zip 02907
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PURCHASE AND LEASING OF REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name McArthur Rance			Vice President Name		
Street Address 27 Rinceton Ave			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name Carol Davis			Treasurer Name Rev Daniel Trainor		
Street Address One Spooner Street			Street Address 791 Potters Ave		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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Director Name McArthur Rance			Director Name Carol Davis		
Street Address 27 Princeton Ave			Street Address One Spooner Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Rev Daniel Trainor			Director Name		
Street Address 791 Potters Ave			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name SHARON CONARD WELLS			Address		
Address 392 CRANSTON STREET			City PROVIDENCE	Zip 02907	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 4 5 8 9 \*

**RECEIVED**

File Date: JUN 28 2004

Check No. [Handwritten]

By: [Handwritten Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Handwritten Signature] 6-24-04  
Signature of Officer Date  
McArthur Rance  
Print or Type Name of Officer  
President  
Title of Officer