



**State of Rhode Island  
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.** 000028720

**2. Name of Corporation** Mount Hope Community Center, INC

**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

**4. Principal Office Address**

No. and Street: 199 CAMP STREET  
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: C/O 199 CAMP STREET  
City or Town: PROVIDENCE State: RI Zip: 02906 Country: UNI

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ORGANIZATIONAL VISION: TO EMPOWER THE CITIZENS OF MOUNT HOPE, PROVIDENCE AND SURROUNDING COMMUNITIES TO BETTER THEMSELVES.  
ORGANIZATIONAL VALUES: THE BOARD HAS ELECTED TO OFFICIALLY ADOPT A SET OF ORGANIZATIONAL VALUES WHICH DO INCLUDE SELF-EMPOWERMENT, SUSTAINABILITY, ENGAGEMENT, ADVOCACY, INTEGRITY, LEADERSHIP DEVELOPMENT, EMPOWERMENT, EXCELLENCE.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BERNADETTE TAVARES	733 DOUGLAS AVE PROVIDENCE, RI 02908 USA
TREASURER	EUGENE MONTEIRO	C/O 199 CAMP STREET PROVIDENCE, RI 02906 US
VICE PRESIDENT	RAYMOND WATSON	199 CAMP STREET PROVIDENCE, RI 02906 USA
DIRECTOR	PAMULA HUGHES	199 CAMP STREET PROVIDENCE, RI 02906 USA
DIRECTOR	HERLIN PERRY	206 CAMP STREET PROVIDENCE, RI 02906 USA
DIRECTOR	STANLEY FLAKES	C/O 199 CAMP STREET PROVIDENCE, RI 02906 USA
DIRECTOR	DONALD KING	C/O 199 CAMP STREET PROVIDENCE, RI 02906 USA
DIRECTOR	REBECCA BRADY	C/O 199 CAMP STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MARIA BARROS	C/O 199 CAMP STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MANUELA RAPOSO	C/O 199 CAMP STREET PROVIDENCE, RI 02906 US

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

MICHELLE DAVIS 199 CAMP STREET PROVIDENCE , RI 02906

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

**Signed this 18 Day of March, 2021 at 1:03:59 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 EUGENE MONTEIRO  
Signature of Authorized Person

Form No. 631  
Revised 09/07