RI SOS Filing Number: 202196625090 Date: 5/14/2021 1:13:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number	2. Exact name of the Corporation
000076432	**Mount Hope Condominium Association, Inc.**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To operate and manage the Mount Hope Neighborhood Recreation Complex
4. NAICS Code: 531312	

6. Principal Office Address	City	State	Zip
438 Hope St	Providence	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Steven G O'Donnell			Vice-President Name:		
Street Address: 21 Peace St 6th Fl			Street Address:		
City: Providence	State: RI	Zip: 02907	City:	State:	Zip:
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Thomas Spann			Director Name: Lamel Moore		
Street Address: 400 Westminster St			Street Address: 21 Peace St 6th Fl		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02907
Director Name: Kobi Dennis			Director Name:		
Street Address: 21 Peace St 6th Fl			Street Address:		
City: Providence	State: RI	Zip: 02907	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Steven G O'Donnell	5/10/2021

Signature of Officer/Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAY 14 2021
BY CM OORAN
1:13

FORM 631 - Revised: 08/2020