



State of Rhode Island

Department of State - Business Services Division

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RI DEPT OF STATE
BUS SVCS DIV
2021 MAY 14 PM 1:10

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 000076432		2. Exact name of the Corporation 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 631312					
6. Principal Office Address 438 Hope St			City Providence	State RI	Zip 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 Steven G O'Donnell				Date 5/10/2021	
Signature of Officer/Authorized Representative 					

FILED ^m

MAY 14 2021
BY CH OORAN
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