



State of Rhode Island  
Department of State - Business Services Division

**FILED**

JUN 1 2021

BY AK

Annual Report for the year:  
Non-Profit Corporation

2021

- 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 <u>000861898</u>		2. Exact name of the Corporation <u>WORD OF HOPE MINISTRIES</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHRISTIAN FELLOWSHIP OF BELIEVERS TO REACH OUT TO THE COMMUNITY WITH THE GOSPEL OF JESUS CHRIST</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>44 OXTOLEVA DR</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02909</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>ALFRED MALO</u>			Vice-President Name		
Street Address <u>154 SOUTH MAIN ST</u>			Street Address		
City <u>BROOKLYN</u>	State <u>CT</u>	Zip <u>06234</u>	City	State	Zip
Secretary Name <u>KATHLEEN MALO</u>			Treasurer Name <u>KATHLEEN MALO</u>		
Street Address <u>154 SOUTH MAIN ST</u>			Street Address <u>154 SOUTH MAIN ST</u>		
City <u>BROOKLYN</u>	State <u>CT</u>	Zip <u>06234</u>	City <u>BROOKLYN</u>	State <u>CT</u>	Zip <u>06234</u>
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 <u>Rev John C Parker</u>			Director Name <u>Rev ISHURD BETTENCOURT</u>		
Street Address <u>35 ANAWAN ST</u>			Street Address <u>56 HARRIS AVE</u>		
City <u>ROCKY HILLS</u>	State <u>MASS</u>	Zip <u>02769</u>	City <u>WALKER</u>	State <u>RZ</u>	Zip <u>02885</u>
Director Name <u>KATHLEEN MALO</u>			Director Name		
Street Address <u>154 SOUTH MAIN ST</u>			Street Address		
City <u>BROOKLYN</u>	State <u>CT</u>	Zip <u>06234</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>ALFRED MALO - President</u>				Date <u>5/29/21</u>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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