RI SOS Filing Number: 202197907230 Date: 6/7/2021 4:00:00 PM State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 Non-Profit Corporation	FILED STAMP
→ Filing period: June 1 - June 30	JUN 0 7 2021 📿 🚃
 → Filing Fee. \$20.00 → Penalty. Additional \$25.00 fee if form is not filed by July 30. 	

			BY	7/10			
1. Entity ID Number	2. Exact name of the Corporation						
001256171	HOPE & FAITH DRIVE						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RHODE ISLAND	PROVIDING FOOD FOR NEEDY FAMILIES						
4. NAICS Code							
624210 - Community Food Servi							
6. Principal Office Address			City	State	Zip		
18 INTERVALE AVENUE			EAST PROVIDENCE	RI	02914		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name CARL O. SWEENEY, JR.			Vice-President Name				
Street Address 18 INTERVALE AVENUE			Street Address				
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zıp		
Secretary Name	Trea		Treasurer Name				
Street Address		Street Address					
City	State	Zip	City	State	Zıp		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name CARL O. SWEENEY, JR.		Director Name MAUREEN J. SWEENEY					
Street Address 18 INTERVALE AVENUE		Street Address 18 INTERVALE AVENUE					
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914		
Director Name Carl & Sweeney III		Director Name					
Street Address 18 Bart Orive		Street Address					
City Priverside	State	Zip 02915	City	State	Zıp		
9. The Registered Agent information	n of record with th	e RI Department o	of State is accurate. Changes requ	uire filing Form 641			
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that	I have examined	t this report, including any acco	mpanying schedu	iles and		
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							
CARL O. SWEENEY, JR.			05/12/2021				
Signature of Officer/Authorized Representative							
Carlo Sweeny							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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