



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2021

FILED

JUL 02 2021

BY

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- 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>001697982</u>		2. Exact name of the Corporation <u>SPIRIT OF HOPE</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>SERVE THE COMMUNITY TO HELP THOSE SUFFERING WITH PHYSICAL, PSYCHOLOGICAL AND SPIRITUAL NEEDS</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>21 DEER VIEW ROAD</u>		City <u>JOHNSTON</u>	State <u>RI</u> Zip <u>02919</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>LOUIS J. SPREMULLI</u>		Vice-President Name <u>CARLA SPREMULLI</u>	
Street Address <u>21 DEER VIEW ROAD</u>		Street Address <u>21 DEER VIEW RD.</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	City <u>JOHNSTON</u>	State <u>RI</u> Zip <u>02919</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>CARLA SPREMULLI</u>		Director Name <u>PAUL FERNANDES</u>	
Street Address <u>21 DEER VIEW ROAD</u>		Street Address <u>820 S. SARANAC AVE.</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	City <u>MESA</u>	State <u>AZ</u> Zip <u>85208</u>
Director Name <u>TEDDY TRECARO</u>		Director Name <u>NONE</u>	
Street Address <u>32 LANCA SHIRE ST.</u>		Street Address	
City <u>MANFIELD</u>	State <u>MA</u>	City	State
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 <u>[Signature]</u>			Date <u>6/29/21</u>
Signature of Officer/Authorized Representative			