



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

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

FORM 631 - Revised: 08/2020