



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

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.

FILED**JUL 15 2021**BY 20924

1. Entity ID Number 000057740		2. Exact name of the Corporation Mt. Hope High School Homebuilding Project, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The construction of houses for educational purposes.			
4. NAICS Code 611110 - Elementary and Second					
6. Principal Office Address 199 Chestnut Street		City Bristol		State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. Deborah DiBiase			Vice-President Name Ryan Garrity		
Street Address 199 Chestnut Street			Street Address 199 Chestnut Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Dr. Deborah DiBiase			Treasurer Name Ryan Garrity		
Street Address 199 Chestnut Street			Street Address 199 Chestnut Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Dr. Deborah DiBiase			Director Name Kevin M. Francis		
Street Address 199 Chestnut Street			Street Address 115 Tupelo Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Ryan Garrity			Director Name N/A		
Street Address 199 Chestnut Street			Street Address		
City Bristol	State RI	Zip 02809	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 Dr. Deborah DiBiase				Date 7/8/21	
Signature of Officer/Authorized Representative 					

MAIL TO:
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