



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

JUL 26 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.

BY A 454

1. Entity ID Number 001696001		2. Exact name of the Corporation The Sanctuary of Hope, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operate a mission to provide food and shelter to abandoned farm animals; to solicit contributions to be used for such purposes; to make expenditures for such purposes; and to do all other activities which are permitted by the laws of the State of Rhode Island.			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 632 Hope Furnace RD			City Hope	State RI	Zip 02831
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Wayne Pitman			Vice-President Name		
Street Address 632 Hope Furnace RD			Street Address		
City Hope	State RI	Zip 02831	City	State	Zip
Secretary Name Sheila Magnan			Treasurer Name Lianne Nikitas		
Street Address 195 Bartlett Rd			Street Address 24 Oceanside Rd		
City Winthrop	State MA	Zip 02152	City Bailey Island	State ME	Zip 04003
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 Wayne Pitman			Director Name Lianne Nikitas		
Street Address 632 Hope Furnace RD			Street Address 24 Oceanside Rd		
City Hope	State RI	Zip 02831	City Bailey Island	State ME	Zip 04003
Director Name Sheila Magnan			Director Name Susan Vitka		
Street Address 195 Bartlett Rd			Street Address 475 Long Highway		
City Winthrop	State MA	Zip 02152	City Little Compton	State RI	Zip 02152
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Wayne E. Pitman				Date 7-10-2021	
Signature of Officer/Authorized Representative <u>Wayne E. Pitman</u>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov