RI SOS Filing Number: 202103163420 Date: 10/12/2021 4:00:00 PM

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

OCT 12 2021

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1. Entity ID Number	2. Exact name of the Corporation
000109195	New Hope Fellowship
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Owning real and personal property for carrying out the church's business
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
45 Cedarcrest Dr	Pawtucket	RI	02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David R. Olsen			Vice-President Name:		
Street Address: 45 Cedarcrest Dr			Street Address:		
City: Pawtucket	State: RI	Zip: 02861	City:	State:	Zip:
Secretary Name: Christine M Olsen			Treasurer Name: Bernadette Smaldone		
Street Address: 45 Cedarcrest Dr			Street Address: 150 Second St		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Courtney Bennett			Director Name: Gene Pelkey		
Street Address: 8 Tucker St			Street Address: 7 Holland Ave		
City: Milton	State: MA	Zip:	City: Westfield	State: MA	Zip: 01085
Director Name: Russell Farmer			Director Name:		
Street Address: 132 Clarence St			Street Address:		
City: Cranston	State: RI	Zip: 02910	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	Date
Christine M. Olsen	9-3-21

Signature of Officer/Authorized Representative: Christine M. Olsen

MAIL TO:
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