r			1
	State of Rhode I Office of the Secreta		Fee: \$20.00
1 🔶 1	Division Of Business	-	
	148 W. River St	reet	
	Providence RI 0290	4-2615	
1636	(401) 222-304	0	
Non-Profit Corpo	ration		
Annual Report			
Filing Period: Februa	ary 1 - May 1		
	R.I.G.L. 7-6-94, each corporation failing the time prescribed by law (R.I.G.L. 7-6-		
penalty fee of \$25.0	0.		
ANNUAL REPORT	YEAR: <u>2023</u>		
1. Corporate ID No	o. <u>000075269</u>		
2. Name of Corpor	ration View of Hope Association		
3. State of Incorpo	ration		
State: <u>RI</u>			
	ARTICLE III		
primary type of acti populate a NAICS (	n labeled NAICS Code below, select the vity in which your entity engages. The b Code based on the chosen selection. If the r further assistance with selecting a clas	ox to the right of the dropd ne NAICS Code is known, e	own will
NAICS Code			
624190			
4. Principal Office	Address		
No. and Street:	24 SUMMERFIELD LANE		
		te: <u>RI</u> Zip: <u>02878</u> Cou	ıntry: <u>USA</u>
5. Brief Description	n of the Character of the Affairs Conduc	ted in Rhode Island	
HOLDING LAND	TO BE USED FOR THE EXCLUSIV	E BENEFIT OF ALL TH	E OWNERS
HOLDING LAND TO BE USED FOR THE EXCLUSIVE BENEFIT OF ALL THE OWNERS OF THE LOTS IN THAT CERTAIN SUBDIVISION OF REAL PROPERTY SITUATED IN			
	TLED VIEW OF HOPE.		
6 Names and Add	resses of the Officers and Directors:		
	esses of the Officers and Directors:		
	Dfficers must be listed individually. The shall not be less than 3.	number of DIRECTORS o	f a Rhode

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES EDWARD CLANCY	24 SUMMERFIELD LANE TIVERTON 02878 US
VICE PRESIDENT	COLLEEN STANTON	50 CRAIG AVE. TIVERTON, RI 02878-1545 US
DIRECTOR	JAMES PROFITT	4 SUMMERFIELD LANE TIVERTON, RI 028781545 US
DIRECTOR	PAUL TROIA	46 SUMMERFIELD LANE TIVERTON, RI 02878-1545 US
DIRECTOR	RICHARD SCHAWRTZ	25 SUMMERFIELD TIVERTON, RI 02878 US

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JAMES E. CLANCY 24 SUMMERFIELD LANE TIVERTON , RI 02878

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

## Signed this 25 Day of February, 2023 at 5:19:16 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By JAMES E CLANCY

Signature of Authorized Person

Form No. 631 Revised 09/07

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