



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023 amended

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000031052		2. Exact name of the Corporation CRANSTON CHRISTIAN FELLOWSHIP DBA HOPE CHURCH	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island CHURCH	
4. NAICS Code 813110			
6. Principal Office Address 1114 SCITUATE AVE		City CRANSTON	State R.I.
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANDREW P. MASON		Vice-President Name	
Street Address 182 POND ST		Street Address	
City CRANSTON	State R.I.	Zip 02910	
Secretary Name STEPHEN HUTCHINS		Treasurer Name COLLEEN ELIAS	
Street Address 29..RISE + SUN DR.		Street Address 8 HILLCREST DR	
City C HOPE	State RI	Zip 02831	City COVENTRY
			State R.I.
			Zip 02816
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 RICK MOORE		Director Name VINCENT S. PODMASKA	
Street Address 775 SANDY LANE		Street Address 7 FACTORY POND CIR	
City WARWICK	State R.I.	Zip 02886	City GREENVILLE
			State R.I.
			Zip 02828
Director Name SCOTT HAMMOND		Director Name PETER WORTHINGTON	
Street Address 6 WILLIAMSBURG DR		Street Address 197A OLD COACH RD	
City WESTERLY	State R.I.	Zip 02891	City CHARLESTOWN
			State R.I.
			Zip 02813
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
Signature of Officer/Authorized Representative			

FILED 1236

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

DEC 29 2023

BY _____

FORM 631- Revised: 04/2023



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Department of State - Business Services Division

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3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code					
6. Principal Office Address			City	State	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 MICHAEL ELIAS			Director Name ROBERT FORD		
Street Address 8 HILLCREST DR			Street Address 170 VANCOUVER AVE		
City COVENTRY	State R.I.	Zip 02816	City WARWICK	State R.I.	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative VINCENT S. PODMASKA <i>Vincent S. Podmaska</i>					Date 12/27/23
Signature of Officer/Authorized Representative <i>Vincent S. Podmaska</i>					

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