



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2024

491 *[Signature]*

1. Entity ID Number 001256171		2. Exact name of the Corporation HOPE & FAITH DRIVE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PROVIDING FOOD FOR NEEDY FAMILIES			
4. NAICS Code 624210					
6. Principal Office Address 18 INTERVALE AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARL O. SWEENEY JR.			Vice-President Name		
Street Address 18 INTERVALE AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	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 CARL O. SWEENEY, JR.			Director Name MAUREEN J. SWEENEY		
Street Address 18 INTERVALE AVENUE			Street Address 18 INTERVALE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name <i>Maureen Nolan</i>			Director Name		
Street Address <i>36 Merrill St.</i>			Street Address		
City <i>East Prov.</i>	State <i>RI</i>	Zip <i>02915</i>	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.					
<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 CARL O. SWEENEY, JR.				Date 2-6-2024	
Signature of Officer/Authorized Representative <i>Carl O Sweeney</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov