



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**

**1. Corporate ID No.** 000027282

**2. Name of Corporation** New Hope Christian Church

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

**4. Principal Office Address**

No. and Street: 1436 G.A.R. HIGHWAY

City or Town: SWANSEA

State: MA

Zip: 02777

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

CHURCH ACTIVITIES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	DAVID THERRIEN SR.	37 BAILEY STREET RUMFORD, RI 02916 USA
TREASURER	MARY LAMB	55 NORTH CARPENTER ST EAST PROVIDENCE, RI 02914 USA
VICE PRESIDENT	RONALD BARNETT BARNETT	161 OLD RIVER ROAD LINCOLN, RI 02865 USA
DIRECTOR	STEVEN MARTINS	10 SUMMER DRIVE SEEKONK, MA 02777 USA
DIRECTOR	RONALD BARNETT	161 OLD RIVER ROAD LINCOLN , RI 02865 USA
DIRECTOR	DAVID THERRIEN SR	37 BAILEY STREET RUMFORD , RI 02916 USA

**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**

DAVID THERRIEN 37 BAILEY STREET RUMFORD , RI 02916

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

**Signed this 22 Day of April, 2024 at 12:47:04 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 DAVID THERRIEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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