



Annual Report for the year: 2024
 Non-Profit Corporation

JUN 07 2024

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

1972

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	City	State	Zip
Secretary Name STEPHEN HUTCHINS			Treasurer Name COLLEEN ELIAS		
Street Address 29 RISE N SUN DR			Street Address 8 HILLCREST DR		
City HOPE	State R.I.	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 775 SANDY LANE 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 197 A 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.					
<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 VINCENT S. PODMASKA					Date 6/4/24
Signature of Officer/Authorized Representative <i>Vincent S. Podmaska</i>					

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

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 VANCOOVER 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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Name of Officer/Authorized Representative VINCENT S. PODMASKA				Date 6/4/24	
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