



State of Rhode Island  
Department of State - Business Services Division

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 <b>000031052</b>		2. Exact name of the Corporation <b>CRANSTON CHRISTIAN FELLOWSHIP DBA HOPE CHURCH</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>1114 SCITUATE AVE</b>			City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02920</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANDREW P. MASON</b>			Vice-President Name		
Street Address <b>182 POND ST</b>			Street Address		
City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>	City	State	Zip
Secretary Name <b>STEPHEN HUTCHINS</b>			Treasurer Name <b>COLLEEN ELIAS</b>		
Street Address <b>29 RISE N SUN DR</b>			Street Address <b>8 HILLCREST DR</b>		
City <b>HOPE</b>	State <b>R.I.</b>	Zip <b>02831</b>	City <b>COVENTRY</b>	State <b>R.I.</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <del>775 SANDY LANE</del> <b>RICK MOORE</b>			Director Name <b>VINCENT S. PODMASKA</b>		
Street Address <b>775 SANDY LANE</b>			Street Address <b>7 FACTORY POND CIR</b>		
City <b>WARWICK</b>	State <b>R.I.</b>	Zip <b>02886</b>	City <b>GREENVILLE</b>	State <b>R.I.</b>	Zip <b>02828</b>
Director Name <b>SCOTT HAMMOND</b>			Director Name <b>PETER WORTHINGTON</b>		
Street Address <b>6 WILLIAMSBURG DR.</b>			Street Address <b>197 A OLD COACH RD</b>		
City <b>WESTERLY</b>	State <b>R.I.</b>	Zip <b>02891</b>	City <b>CHARLESTOWN</b>	State <b>R.I.</b>	Zip <b>02813</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>VINCENT S. PODMASKA</b>					Date <b>6/4/24</b>
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](http://www.sos.ri.gov)

<b>7. List ALL officers (names and addresses)</b>						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		

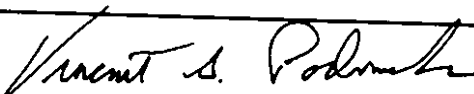
<b>8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.</b>								Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>MICHAEL ELIAS</b>				Director Name <b>ROBERT FORD</b>					
Street Address <b>8 HILLCREST DR.</b>				Street Address <b>170 VANCOOVER AVE</b>					
City <b>COVENTRY</b>	State <b>R.I.</b>	Zip <b>02816</b>	City <b>WARWICK</b>	State <b>R.I.</b>	Zip <b>02886</b>				
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.**

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 <b>VINCENT S. PODMASKA</b>		Date <b>6/4/24</b>
Signature of Officer/Authorized Representative 		

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