

**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 2025: 2025**1. Corporate ID No.** 000076432**2. Name of Corporation** Mount Hope Condominium Association, Inc.**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

531312**4. Principal Office Address**No. and Street: 438 HOPE STREETCity or Town: PROVIDENCEState: RIZip: 02906Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO OPERATE AND MANAGE THE MOUNT HOPE NEIGHBORHOOD RECREATION
COMPLEX.**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KAREN SANTILLI	33 BROAD ST. SUITE 303 PROVIDENCE, RI 02903-4176 USA
DIRECTOR	THOMAS SPANN	400 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MIKE ROLLINS	33 BROAD STREET SUITE 303 PROVIDENCE RI 02903 PROVIDENCE, RI 02903 USA
DIRECTOR	MARC COPPOLINO	33 BROAD STREET SUITE 303 PROVIDENCE RI 02903 PROVIDENCE, RI 02903 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

KAREN SANTILLI 438 HOPE STREET PROVIDENCE , RI 02906

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

Signed this 21 Day of January, 2025 at 10:42:30 AM 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 KAREN SANTILLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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