Date: 3/4/2025 4:00:00 PM iiing Number. 202506657780



State of Rhode Island **Department of State - Business Services Division**

FILED

MAR 04 2025

•	0005
Annual Report for the year:	2025
New Dwellt Corporation	

Non-Profit Corporation → Filing period: February 1 - May 1

→ Filing Fee: \$20.00

(B)	BY_	334	

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00	fee if form is not filed by	May 31.					
. Entity ID Number	2. Exact name of	of the Corporation	ırch				
000032229		New Hope Baptist Church					
. State of Incorporation	1	5. Brief description of the character of business conducted in Rhode Island					
RI	Church	Church					
4. NAICS Code							
813110				Louis	Zip		
5. Principal Office Address			City	State	02859		
65 South Main Street			Pascoag				
7. List ALL officers (names ar	nd addresses)			eck the box to indicate a	n attachment		
President Name Vacant			Vice-President Name				
Street Address			Street Address				
	State	Zip	City	State	Zip		
City	State		Name Name				
Secretary Name			Treasurer Name				
Street Address			Street Address				
	State	Zip	City	State	Zip		
City	1	· ·					
8. List ALL directors (names	and addresses). RI C	orporations MUST l	ist at least THREE directors.	check the box to indicate	an attachment		
			Director Name Dennis Veerman				
Director Name Gary Tucker							
Street Address 37 Dougla	as Hook Road		33 Simuri mi read				
city Chepachet	State RI	^{Zip} 02814	City Harrisville	State RI	Zip 02830		
			Director Name				
Director Name Larry Hef	riei		Street Address				
Street Address 877 Chestnut Hill Road				State	Zip		
City Chepachet	State RI	^{Zip} 02814	City				
9 The Registered Agent in	formation of record wit	h the RI Departmer	nt of State is accurate. Change	s require filing Form	541.		
Under penalty of perjury,	I declare and affirm	that I have examin I borein are true an	ed this report, including any id correct.	accompanying con			
This report must be signed by eith	er the President, Vice-Presid	lent, Secretary, Assistant	Secretary, Treasurer, duly Authorized F	Representative, Receiver or	Trustee.		
Name of Officer/Authorized Representative				5	Feb 26, 2025		
COAL		<u> </u>		1460 36	5,000>		
Signature of Officer/Author							
1 701115	Sively	^ ^					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov