RI SOS Filing Number: 202571083680 Date: 4/22/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 22 2025
BY 106

Annual Report for the year: 2025
Non-Profit Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
001256171	HOPE & FAITH DRIVE
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	PROVIDING FOOD FOR NEEDY FAMILIES
4. NAICS Code	
624210	

6. Principal Office Address	City	State	Zip
18 INTERVALE AVENUE	EAST PROVIDENCE	RI	02914

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name CARL O. SWEENEY, JR			Vice-President Name		
Street Address 18 INTERVALE AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	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 ☐

Director Name CARL O. SWEENEY, JR			Director Name MAUREEN J. SWEENEY		
Street Address 18 INTERVALE AVENUE			Street Address 18 INTERVALE AVENUE		
City EAST PROVIDENCE	State RI	Zip 029 4	City EAST PROVIDENCE	State RI	Zip 02914
Director Name Maureen Dolan			Director Name		
Street Address 36 Merrill St			Street Address		
City E Prov	State RI	Zip 02915	City	State	Zip

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.

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	Date
CARL O. SWEENEY, JR.	✓ 4-12-2025

Signature of Officer/Authorized Representative
✓ Carl O Sweeney, Jr

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

FORM 631- Revised. 12/2023