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State of Rhode Island Department of St	Division -:	FILED)		
Annual Report for the year: 2025 Non-Profit Corporation → Filing period: February 1 - May 1			¥5	APR 2 2 2 BY) () (2025
→ Filing Fee: \$20.00→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		\sim $/$	$\sum_{i} f_{ij}$
1. Entity ID Number 001256171	2. Exact name of the Corporation HOPE & FAITH DRIVE			J	
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island PROVIDING FOOD FOR NEEDY FAMILIES				
4. NAICS Code 624210					
6. Principal Office Address 18 INTERVALE AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
7. List ALL officers (names and ad-		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 a	ddresses). RI Corp	orations MUST li		ne box to indicate	an attachment
Director Name CARL O. SWEENEY, JR			Check the box to indicate an attachment Director Name MAUREEN J. SWEENEY		
Street Address 18 INTERVALE AVENUE			Street Address 18 INTERVALE AVENUE		
City EAST PROVIDENCE	State RI	Zip 025 4	City EAST PROVIDENCE	Ť	Zio 02914
Director Name O O D CCC O DO			Director Name		
Street Address CCCIII ST			Street Address		
EDriv	State	25515	City	State	Zıp
			of State is accurate. Changes requir		
statements, and that all stateme	nts contained her	rein are true and			
		Secretary, Assistant Se	acretary, Treasurer, duly Authonzed Representa	T	rustee.
Name of Officer/Authorized Repres		V 4-12-2025			
Signature of Officer/Authorized Rep					
Vala Sul	02011	1			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov