



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JUN 20 AM 9:15:54

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 <u>001719484</u>		2. Exact name of the Corporation <u>Mount Hope Community Garden</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide urban gardening for residents of the Mt. Hope neighborhood.</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>75 Cypress Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Rondie Almeida</u>		Vice-President Name <u>Walter Callendar</u>	
Street Address <u>75 Cypress Street</u>		Street Address <u>9 Linden Avenue</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>	City <u>E. Providence</u>	State <u>RI</u> Zip <u>02916</u>
Secretary Name <u>Joseph Correia</u>		Treasurer Name <u>Erika Klinkhammer</u>	
Street Address <u>77 Knowles Street</u>		Street Address <u>118 Jenkins Street</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Rondie Almeida</u>		Director Name <u>Sabrina Straw</u>	
Street Address <u>75 Cypress Street</u>		Street Address <u>77 Camp Street</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>Joseph Correia</u>		Director Name <u>Walter Callendar</u>	
Street Address <u>77 Knowles Street</u>		Street Address <u>9 Linden Avenue</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>	City <u>E. Providence</u>	State <u>RI</u> Zip <u>02916</u>
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 <u>Joseph Correia</u>			Date <u>6/20/2025</u>
Signature of Officer/Authorized Representative <u>Joseph Correia</u>			

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

FILED

JUN 20 2025
BY 5/1066

FORM 631- Revised: 12/2023