



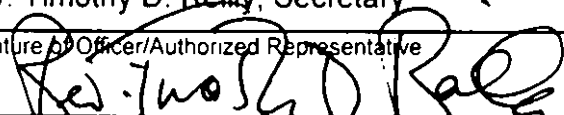
State of Rhode Island
Department of State - Business Services Division

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2023 APR 28 A 11:50.

Annual Report for the year: 2023

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 28697		2. Exact name of the Corporation Mother of Hope Novitiate			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.			
4. NAICS Code 813110 Religious Organizations					
6. Principal Office Address One Cathedral Square			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Reverend Thomas J. Tobin			Vice-President Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Reverend Thomas J. Tobin		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Most Reverend Thomas J. Tobin			Director Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Rev. Timothy D. Reilly			Director Name		
Street Address One Cathedral Square			Street Address		
City Providence	State RI	Zip 02903	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary					Date 4/28/23
Signature of Officer/Authorized Representative 					FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
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BY ML 73869