RI SOS Filing Number: 202450528710 Date: 4/9/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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

'24 A	REC
PR 9 PM 1:08:10	C'D RIDOS BSD

→ 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	5 Brief description of the character of business conducted in Rhode Island						
Rhode Island	Religious, charitable and educational activities.						
4. NAICS Code							
813110							
6 Principal Office Address		City	State	Zip			
One Cathedral Square			Providence .	RI	02903		
7. List ALL officers (names and addresses) Check the box to indicate an attack.							
President Name Most Rev. Richard G. Henning			Vice-President Name Rev. Msgr. Albert A. Kenney				
Street Address One Cathedral Square			Street Address One Cathedral Square				
^{City} Providence	State RI	^{Zip} 02903	Crty Providence	State RI	^{Z₁p} 02903		
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Rev. Richard G. Henning				
Street Address One Cathedral Square		Street Address One Cathedral Square					
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Z₁p} 02903		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Most Rev. Richard G. Henning			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				
^{Cily} Providence	State RI	^{Zip} 02903	City	State	Zıp		
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 Authonzed Representative, Receiver or Trustee							
Name of Officer/Authorized Representative Rev. Timothy D. Reffly, Secretary Date: Date:					14		
Signature of Office Authorized Representative FILED							
MAIL TO: APR U 9 2024							

Division of Business Services

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

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