



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 505152		2. Exact name of the Corporation Helping Others to Promote Equality (H.O.P.E.)			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 56 Uncas Street		City Warwick	Zip 02889
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island To Promote a Continuing Improvement of the Quality of Life for the Developmentally Challenged population					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph Tremmel			Vice-President Name Emaly Titan		
Street Address 56 Uncas Street			Street Address 57 Pemberton Ave, Apt I-41		
City Warwick	State RI	Zip 02889	City Jamestown	State RI	Zip 02835
Secretary Name Patricia L. Price			Treasurer Name William Cotten		
Street Address 190 Pawtuxet Avenue			Street Address 1809 Warwick Avenue apt 19NW		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Tremmel			Director Name William Cotten		
Street Address 56 Uncas Street			Street Address 1809 Warwick Avenue apt 19NW		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Patricia L. Price			Director Name		
Street Address 190 Pawtuxet Avenue			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 21 2012

By mmc

CB# 572

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.

Joseph Tremmel 05/16/2012
 Signature of Officer Date

Joseph Tremmel

Print or Type Name of Officer

President

Title of Officer