



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2013

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2013 JUL - 8 PM 4: 27

1. Entity ID No. 000148607		2. Exact name of the Corporation Haiti Charity Hope	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island NON-PROFIT	
5. Principal office address 30 Rolfe Street		City Cranston	State RI
		Zip 02910	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Marie Gabriel		Vice-President Name David Edward Difilippo	
Street Address 30 Rolfe Street		Street Address 30 Rolfe Street	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Secretary Name Jenny Gabriel		Treasurer Name	
Street Address 30 Rolfe Street		Street Address	
City Cranston	State RI	City	State
Zip 02910		Zip	
7. 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 John Hurley, Jr		Director Name Marie Gabriel	
Street Address 30 Rolfe Street		Street Address 30 Rolfe Street	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Director Name David Edward Difilippo		Director Name Gwen Kania	
Street Address 30 Rolfe Street		Street Address 30 Rolfe Street	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
8. 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

JUL 08 2013

BY 201140

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.

Signature of Officer
Jenny Gabriel
Date
7/8/13
Print or Type Name of Officer
Secretary
Title of Officer